

Melrose Messina Fund for the Arts

Reimbursement Form: FY _____

to be accompanied by...

IRS Form W-9, AND receipts to support expenditures



Grant Recipient _____

Project Title _____

Total Award Amount _____

The check should be made payable to...

Name _____

Address _____

Tax ID Number (*for organizations*) _____

Social Security Number (*for individual artists*) _____

As grant recipient for this project, I certify that all the statements made here are true and that the funds requested for reimbursement from the MMFA fulfill the purpose stated in the grant application. In the event all grant funds are not used for the stated purpose in connection with this grant -- within the fiscal year of the application -- I acknowledge my obligation to return any unexpended funds to the MMFA.

Signature _____

Organization _____

Title _____

Date _____

Please submit your reimbursement paperwork within 30 days of the completion of the event.

Fill out this writable form and email it, with your W9 and scanned receipts to ...

MelroseMFA@Gmail.com

If you cannot scan your receipts, please send copies to ... MMFA ~ 79 Mt. Vernon Street ~ Melrose MA 0217

The grant recipient has completed the project described in the application and has submitted an appropriate request for reimbursement.

MMFA Member signature

Date

MMFA Member signature

Date