

Educators' Promotion Bus Reimbursement Form

Incomplete reimbursements will not be processed

Reimbursement Information for Schools/Organizations:

(Reimbursements will not be made out to individuals)

Total Reimbursement Amount Requested:\$500 Maximum reimbursement per School/Organization					
School/Organization Name:					
School/Organization Address: Where reimbursement will; be sent					
Form of Transportation taken to the CELL exhibit: Bus/School Vehicles, Charter Buses, or RTD tickets only					
Date of Visit/s:					
1.					
2.					
3.					
4.					
Receipt/Invoice Information:					
Receipt/s Invoice Attached:		ce Attached:	Yes:	No: 🗌	
1.	Amount: \$		Description:		
2.	Amount: \$		Description:		
3.	Amount: \$		Description:		
4.	Amount: \$		Description:		
Submit completed form and all necessary attachments to:					
Mail:		The CELL, ATTN: Educators' Promotion, 300 S. Jackson St. Ste. 350, Denver, CO 80209			
E-Mail: Scanned Copies		education@MIZELinstitute.org			