*Sturbridge Tourist Association*

A Committee of the Town of Sturbridge

## Coversheet for Reimbursement / Payment Requests

Please complete this form and include a copy with your reimbursement / payment request.

|  |  |  |  |
| --- | --- | --- | --- |
| Date Submitted | |  | |
| Name of Organization | |  | |
| # | **Invoice #** | **Vendor** | **Purpose of Purchase** | **Amount** | **STA Line Item (Community Support or Marketing)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

If you have any questions, comments or concerns please contact the Economic Development and Tourism Coordinator at 508.347.2500 ext. 1411.