

Disrupt the District Travel Reimbursement

First Name

Last Name

Mailing Address (Street, City, State, Zipcode)

Amount Requested

Scholarship Recipient?

Yes

No

Receipt #1 (Description, Amount)

Receipt #2 (Description, Amount)

Receipt #3 (Description, Amount)

Receipt #4 (Description, Amount)

Receipt #5 (Description, Amount)

**Please send an email to amanda@1776.vc with
all receipts/photos of receipts and completed form**