

# BRASS Clinic Reimbursement Request

<b>Name:</b>	
<b>Clinic Description:</b>	
<b>Clinic Date(s):</b>	
<b>Clinic Location:</b>	
<b>Clinic Price:</b>	
<b>Lodging Expenses:</b>	
<b>Total:</b>	
<b>Reimbursement Amount:</b>	

## Reimbursement Rules:

- Reimbursement good only for the current adaptive season (October 1st, 2023 thru April 30th, 2024)
- Reimbursement amount not to exceed \$500.00
- Reimbursements only made to cover the cost of the actual clinic/exam and lodging
- Receipts required for all reimbursements
- All rules are subject to change

Submit this form, with your receipts, to Steve Gurney or Tom Estok or send a .pdf version to [brassadapt@gmail.com](mailto:brassadapt@gmail.com) for payment approval.