

Measured Progress

REIMBURSEMENT FORM

To claim reimbursement for your school or district for sending revised grade 10 MCAS reports to parents/guardians, please complete the top portion of this form only.

Payee (checks cannot be made payable to an individual): _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Date: _____
Number of Revised Parent/Guardian Reports Sent: _____ X \$0.50 = _____

Please fax or e-mail this completed form by January 27 to:

Cherie Dudley at dudley.cherie@measuredprogress.org or FAX: 603-516-1159

Please allow 6-8 weeks for processing.

TO BE COMPLETED BY MEASURED PROGRESS	
Contract / Line Item #: <u>1603.176.97.01</u>	Total Reimbursement: \$ _____
Processed By: _____	Approved By: _____
Date Processed: _____	Date: _____