

Reading Between the Lines
A program of the New York Council for the Humanities

Postage Reimbursement Form

Please submit *original* receipts with this form to receive your reimbursement from the Council.
Please allow eight (8) to receive the reimbursement check.

Host Site Name: _____

Host Site Coordinator Name: _____

Date books shipped: _____

RBTL Series Shipped: _____

Total # of boxes: _____

Total # of books: _____

Total amount to be reimbursed: _____

Make check payable to: _____

Send check to:

Name: _____

Organization: _____

Street Address: _____

City, St, Zip: _____

Attn/Memo/Note: _____

Send form and *original* receipts to:

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