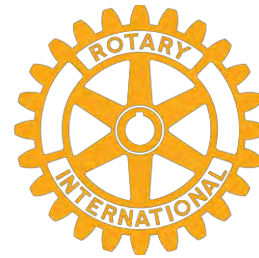




# Rotary



***Made possible through the generosity of The Rotary Club of Hillsborough***  
**Service and Relevant Items Reimbursement Application**

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reimbursement is requested for the following:

Name of Individual with Down syndrome: \_\_\_\_\_

Service: \_\_\_\_\_ Cost per hour: \_\_\_\_\_ or Cost per Session: \_\_\_\_\_

Service: \_\_\_\_\_ Cost per hour: \_\_\_\_\_ or Cost per Session: \_\_\_\_\_

Service: \_\_\_\_\_ Cost per hour: \_\_\_\_\_ or Cost per Session: \_\_\_\_\_

Item Description: \_\_\_\_\_ Cost: \_\_\_\_\_

Item Description: \_\_\_\_\_ Cost: \_\_\_\_\_

Item Description: \_\_\_\_\_ Cost: \_\_\_\_\_

Total reimbursement requested: \$ \_\_\_\_\_

How will this item or service benefit the individual in a social, recreational manner? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Original receipts are required prior to disbursement of funds. Keep a copy of your receipts and this submission for your own records. Submit complete (signed) application, with receipts to:***

**GiGi's Playhouse Hillsborough, 450 Amwell Road, Suite H, Hillsborough, NJ 08844**

***Do not write in box below***

Date Application Received: \_\_\_\_\_ Date Application Reviewed: \_\_\_\_\_

Application Approved ☐ Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mailed on: \_\_\_\_\_

Application Denied ☐ Reason: \_\_\_\_\_