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|  |  | A close up of a sign  Description automatically generated INVOICE |

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| **MO CIT Mini Grant Reimbursement** | | PLEASE SUBMIT WITHIN 30 DAYS OF EXPENDITURES | |
| **Name of Council:** Contact Information (name, email, phone number of person requesting reimbursement):  Address of where reimbursement check should be sent: | SOUTHEAST COUNCIL  PAYABLE TO:  Community Counseling Center  Attn: Savannah Martin  1321 W. Sainte Maries St, Ste D  Perryville, MO 63775 | to: | **Missouri Behavioral Health Council**  Attn: Kimberly Hicks  221 Metro Drive  Jefferson City, MO 65109  573.434.2166 |

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| DATE | description | total |
| 12/5/19 | Advanced CIT Stipend (8-hour course) | $150.00 |
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| **TOTAL** | | $150.00 |