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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 COUNCILPAYABLE TO:Community Counseling CenterAttn: Savannah Martin1321 W. Sainte Maries St, Ste DPerryville, MO 63775 | to: | **Missouri Behavioral Health Council**Attn: Kimberly Hicks221 Metro DriveJefferson City, MO 65109573.434.2166 |

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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 |