## **TOWN OF DORSET**

MPR Reimbursement Policy

The Town of Dorset will reimburse Dorset Residents for the difference between Resident and Non-Resident rates for Manchester Parks & Recreation programs.

Residents are required to fill out and submit a reimbursement form at the Town Manager's Office; proof of payment (i.e. copies of cancelled checks, receipts, program registration forms) is required for each program reimbursement being claimed. Proof of residency (copy of driver's license, utility bill, or lease) is also required. Reimbursement Forms will be accepted at an ongoing basis, with a Fall deadline. Reimbursement Forms along with proof of residency and proof of payment can be filed via mail as well.

Once reimbursement claims have been filed properly, the resident will be mailed a check by the Town of Dorset.

Reimbursement Forms will be made available at the following locations:

Town Offices Dorset School Dorset Library Town Website

## Items needed to file reimbursement claim:

- 1. Proof of Dorset residency (copy of driver's license, utility bill, or lease agreement)
- 2. Completed Reimbursement Form
- 3. Proof of Payment for each program reimbursement being claimed (cancelled checks, receipts)



## DORSET RECREATION EXPENSES

| DATE                       |                          |   |
|----------------------------|--------------------------|---|
| NAME:                      |                          |   |
| ADDRESS:                   |                          | - |
|                            |                          |   |
| ACTIVITES PARTICIPATED IN: |                          |   |
|                            |                          |   |
|                            |                          |   |
|                            |                          |   |
| AMOUNT TO REIMBURSE:       |                          |   |
| PLEASE ATTACH RECEIPTS     |                          |   |
| SIGNATURE:                 |                          | _ |
| FOR OFFICE USE ONLY:       | ACCT#: 10-5410-25.00     |   |
| Proof of Residency         | Date Received:           |   |
| <b>Proof of Payment</b>    | Date Reimbursement Sent: |   |

