MACAC Minnesota Education Fair Reimbursement Form

Please complete this form (only after site chair report is submitted) by:

November 7, 2025 for Fall Fairs

March 27, 2026 for Spring Fairs

Today's Date:

Site Chair Name:

Email Address:

Phone Number:

MEF Location:_____

Address and Name for Check Mailing:

_____

_____

_____

Reimbursement check should be made payable to:

_____

Item description	**Cost**
Printing: _____	_____
Water/Coffee:_____	_____
Masks/Hand Sanitizer:_____	_____
Other pre-approved: _____	_____

TOTAL to be reimbursed: _____

- **MACAC will reimburse**
  - **ONLY Water/Coffee; no food**
  - **Hand Sanitizer**
  - **Printing**
- **Total reimbursement for all costs associated with the college fair may not exceed $400**
- **No reimbursements will be made until the online submission of your Site Chair Report is complete.**
- **Please allow 3 weeks after your submission of this form for reimbursement funds to arrive.**

Liz Hayes
MACAC Executive Assistant
Please email completed form to:
membersupport@mn-acac.org

Office Use Only		
	Initials	Date
Executive Asst:		