

THE ART GALLERY



UNIVERSITY *of* NEW HAMPSHIRE

Group Tour Bus Reimbursement Form

Class Visit Date _____

Exhibition(s) Viewed _____

Total Group Number (include educator, students & chaperones) _____

Educator _____

School Name _____

School Address _____

City, State, Zip _____

Phone _____

Reimbursement request amount (1/2 cost of bus transportation) _____

Contact name and phone number (if other than educator) _____

Please complete this form, include an invoice for one-half of the cost of the bus, and mail them to:

Catherine A. Mazur
The Art Gallery
30 College Road, Paul Creative Arts Center
University of New Hampshire
Durham, NH 03824-3538

