## Reimbursement Request & Deposit Form

Funds requested from, money remitted to, and in-kind donations to Business and Professional Women/VT Inc. must be accompanied by this form. Invoices or receipts must accompany all requests for reimbursement. All requests must be in submitted within 30 days of event or program, or by June 30<sup>th</sup> to Michelle Thibault-Hatch at <a href="mailto:thibaultm@comcast.net">thibaultm@comcast.net</a> or P.O. Box 2107, Milton, VT 05468. Please retain a copy of this form and any supporting documentation for your files.

Income or Expense?	Line Item in Budget	D 1.77 1 11 15	_
		Receipt/Invoice attached?	Amount
I/E			
I/E			
		Total	1
Name Company			
Mailing address			
Phone or Email			
or Treasurer's use or	ıly:		
Check number		Funds Deposited	
Date		Deposit date	
Code		Code	
		st have signatures of both the T ze must be approved by the Pr	
heck, and that all reiml	C		