## 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 Tarryk at michelle.tarryk@neklsvt.org or at NEKLS, 55 Seymour Ln., Newport, VT 05855. Please retain a copy of this form and any supporting documentation for your files.

	Tra	nsmittal date:	
Income or Expense:	Line Item in Budget	Receipt/Invoice attached?	Amount
I/E		Treespo, III, oree divisioned.	
I/E			
		Total	1
Payment to be issued  Name	to:		
Company			
Mailing address			
Phone or Email			
or Treasurer's use o	nly:		
Check number		Funds Deposited	
Date		Deposit date	
Code		Code	
		st have signatures of both the T ze must be approved by the Pro	
lice Kitchel, Preside	nt	Michelle Tarryk,	Treasurer