Brookfield Newcomers and Neighbors Club Ck#_____

Request for Reimbursement Form Amt: _____

Date: _____

PLEASE ATTACH RECEIPTS

Date: _____
To: Treasurer
From: _____
Address: _____
Phone: _____
For Title/Event: _____

Date	Item	$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL REQUESTED:	_____

Send this along with all receipts to Treasurer:

Barbara Drillick
44 Hop Brook Road
Brookfield, CT 06804
775-4878

**Remember, to avoid paying sales tax, please present your Newcomers and Neighbors Tax ID letter when making purchases. Our Tax ID# is 06-1468651. Form available if needed.