



BURLINGTON OBEDIENCE TRAINING CLUB, INC.
Request for Payment or Reimbursement

From: _____

Phone #: _____ e-mail: _____

Total Amount Requested: _____ Date of Request: _____

Amount	Reason for Purchase	Account Charged (from treasurer)

Please mail or give the completed form and **RECEIPTS** to:

Judy Kessler, Treasurer
320 Shaker Hill Rd.
Starksboro, VT 05487
(802) 434-3136, judith.kessler@uvm.edu