



Vermont Assessors & Listers Association Request for Reimbursement Form

Requesting Member:	
Member Signature:	
Date:	
Phone #:	
E-mail:	

Pay to:	
Name:	
Street Address:	
City:	
State:	
Zip:	

Date of Expense:	
Amount:	
Purpose of Expense:	

Please attach all related expense receipts.

Reviewed & Authorized by:	
Title:	

Send to:	Joyce Scribner, Treasurer
	P O Box 149
	Manchester Ctr, VT 05255
Or e-mail a copy to:	scribco@gmail.com