REIMBURSEMENT FORM
BACKPACK PROGRAM

Name of Club: _____
Club's Address: _____
City, State, Zip: _____
Contact Name: _____
Contact Phone: _____
Club Key No.: _____

Please mail this reimbursement form to: Montana Kiwanis Foundation, c/o Dick Biggerstaff, 4006 Timberlane, Missoula MT 59802-3061.

The Montana District will reimburse clubs up to $10 per backpack and up to 50% for items used to fill backpack.
RECEIPTS MUST ACCOMPANY FORM.

Qty	Item	Cost	Extension
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
	Total Due Club		**$_____**

Please submit before September 30, 2009.