TMBI Reimbursement Request

Date of Request:	

Reimbursement Payable To: *please provide complete mailing address*	

Amount of Reimbursement:	

Details of Reimbursement: *please include all receipts / invoices or appropriate reason for reimbursement. Note, if reimbursement is for registration TMBI refund policy will be followed in accordance with date of request*	

Additional Information: *please provide any additional information you feel may be beneficial to TMBI*	

Requested By: *(if different from above)* **Signature:**	

NOTE: All required information and receipts MUST be included before payment will be processed

To be completed by TMBI executive

Approved By: *(name and position on board)* **Signature:**	

Cheque No.	