



**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](mailto:judith.kessler@uvm.edu)