

VegFund Reimbursement Form

(Submit only **after** event recap and photos have been emailed)

Complete and return with receipts to **VegFund, POB 910313, Lexington, KY 40591-0313**

Name:

Application number (required):

Check here if this is an Ask-A-Vegan event _____

Make check out to:

Send check to:

Receipts for food/supplies (NO personal items on receipts):

<u>Store</u>	<u>\$ Amount</u>
1.	
2.	
3.	
4.	
5.	

Receipts for vegan education literature:

<u>Organization</u>	<u>\$ Amount</u>
1.	
2.	
3.	

Receipts for booth/table fee:

<u>Event organizer</u>	<u>\$ Amount</u>
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Total: \$ _____

Recipients outside of the USA, please provide your PayPal information for reimbursement:
