

# REIMBURSEMENT FORM

Fill out the reimbursement form below. Return completed form and cards to  
the Hibbing Area Chamber of Commerce by **month, day, 2021**  
109 E Howard St | PO Box 727, Hibbing MN 55746

## PAYABLE TO:

BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NUMBER OF CARDS BEING RETURNED \_\_\_\_\_ AMOUNT \_\_\_\_\_

BUSINESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## CHAMBER USE ONLY

AMOUNT \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

