



# REQUEST FOR BUSINESS DEVELOPMENT REIMBURSEMENT

(Please fax form to 406-444-7685 or mail to PO Box 201001, Helena, MT 59620-1001)

**\* To process payment; please include copies of expense receipt.**

<b>Firm Name and Social Security # or Tax ID #:</b>	
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<b>Firm Address and E-Mail Address:</b>	
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<b>Firm Telephone # and Fax #:</b>	
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<b>Firm Owner's Name:</b>	
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<b>Description of Business Development Expense for Case-by-Case Determination:</b>	
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<b>Business Development Description</b>	
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<b>Estimated Total Cost of Business Development:</b>	
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<b>Breakdown of Costs</b>	
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<b>Reason for Business Development Expense (How will the company benefit?):</b>
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<b>Balance of Remaining Funds:</b> _____ <b>YEAR</b> \$ _____
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Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

I verify the information provided above to be true and accurate.