

TOWN REIMBURSEMENT APPLICATION

All incomplete forms will be returned unprocessed.

Town: _____

Address: _____

Town Contact Person: _____

Contact Phone Number: _____

Town Tax code: _____

Phone Lines \$ _____ (H)

IVS Vote by Phone – Allowable reimbursement includes installation, activation and monthly charges through February. Bills must be submitted to us on a monthly basis.

Ballots \$ _____ (GF)

For 2007 Municipal Elections and documentations must include ballot invoice.

Ballots \$ _____ (H)

For 2008 Federal Elections and documentations must include ballot invoice.

Audit \$ _____ (H)

Documentation must be submitted on town letterhead with an authorized signature. The letter must include name, hours, dates, rate and total.

Storage Cabinet(s) _____ (H) (limited time only)

Total Amount of Reimbursement: _____

Note: Include this completed form with all supporting documentation and mail to the following address:

SOTS

Attn: T. Bromley

P.O. Box 150470

Hartford, CT 06115-047