



G R E A T E R H A V E R H I L L C H A M B E R *o f* C O M M E R C E

Restaurant 4\$4 Reimbursement Form

Click or tap to enter a date.

Gift Card Sale Date

Click or tap here to enter text.

Restaurant Name

\$Click or tap here to enter text.

Total \$ Sold This Date

\$Click or tap here to enter text.

Total Reimbursement \$ Claimed (50%)

Total # of Cards Sold: Click or tap here to enter text.

Individual Transactions (Total \$ amount for each card):

\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount
\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount
\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount
\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount
\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount
\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount

Please submit copies of each Gift Card Transaction receipt.

Submitter Name

Submitter Contact info (phone, or email, etc)

Chamber phone: (978) 373-5663