



BIP Merchandise Promotion Request for Approval

Item	Delivery Date	Total Cost	Amount being claimed Max \$500 per brokerage location

Brokerage: _____ Owner/Manager: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

-
-
- Only one per member (distributed according to Membership Dues/BIP payment)
 - This is an **approval form only**. First-come, first-served basis. Total funds available \$10,000
 - Payment will be made once a copy of the invoice and proof or picture of merchandise are received. (50/50 cost shared basis with a \$500 max.)
-
-

Approved

IBAM Representative : _____ Date: _____

Send to: **IBAM, 600-1445 Portage Ave.
Winnipeg, MB R3G 3P4**

FAX: 204-489-0316
EMAIL: info@ibam.mb.ca