



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: _____

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- Only one per member (distributed according to Membership Dues/BIP payment)
 - This is an **approval form only**. First-come, first-served basis.
 - Payment will be made once a copy of the invoice is received. (50/50 cost shared basis with a \$500 maximum).
 - When submitting a request, please include: the request form, the original invoice and a picture of the merchandise, signs, event, etc.
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Approved

IBAM Representative : _____ Date: _____

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

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