

COLORADO WING REIMBURSEMENT REQUEST FOR UNITS BELOW WING LEVEL

DATE OF REQUEST:

DATE NEEDED BY:

UNIT NAME:

CHARTER NUMBER: RMR-CO-

ISSUE CHECK TO

NAME OR COMPANY: _____

STREET ADDRESS: _____

CITY, STATE ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

ITEMIZED EXPENSES

(Please list each receipt separately)

LINE	DESCRIPTION	PURPOSE	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL AMOUNT OF CHECK			

REMARKS (If request is for a cash advance please include dates of event and nature of the activity)

PRINTED NAME OF REQUESTER AND APPROVER

SIGNATURE

DATE

PRINT NAME (REQUESTER)

PRINT NAME (APPROVER)

IF CHECK IS OVER \$500, INCLUDE DOCUMENTATION OF UNIT FINANCE COMMITTEE APPROVAL.