

ABATE of Colorado Expense Reimbursement Request

Date: _____

Name: _____

Address: _____

Phone: _____

Expense Month: _____

Airfare: \$ _____

Meals: \$ _____

Hotel: \$ _____

Gas: \$ _____

Auto: \$ _____

Supplies: \$ _____

Telephone: \$ _____

of Days: _____

Misc:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Reimbursement: \$ _____

Note:

If your expenses include airfare please indicate the name and location of event.

Please attach all receipts.

Your Signature

Approved by