

Expense Reimbursement Form

Name: _____
 Address: _____
 Phone: _____ e-mail: _____

Please list expenses below along with either the reason or budget category for the expense for tracking purposes. Attach all receipts to this form and mail to:

CSEF Treasurer
 P O Box 1465
 Fort Collins, CO 80522-1465

Expenses to be Considered for Reimbursement:

Date:	Reason/Budget Category:	Expense:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Reimbursement:		\$ _____

I certify that all expenses list above were incurred for the benefit of the Colorado Science and Engineering Fair and I am requesting to be reimbursed for these expenses.

Signature

Date