



WELLS FARGO VISA TRACKING DOCUMENT

Cardholder: _____ Purchase Date: _____

Total Charged: _____

Date	Vendor	Description of Item	Amount	Account Code

ORIGINAL RECEIPTS REQUIRED!!!!!!

CERTIFICATION: I hereby certify that expenses listed above were incurred while conducting business on behalf of ASPIRE and/or ASPIRE State Chapter and that this voucher has been submitted only to ASPIRE for reimbursement or payment consideration.

Cardholder Signature

Date

Authorized Signature

Date

Mail to: Marilyn Thayer, Director
Academic Advancement Center, 8100
TRiO - Student Support Services Program
Gibbons Room 115
Colorado State University
Fort Collins, Colorado 80523
(970) 491-1065

Please Note: For auditing purposes, all state reimbursement requests must be signed by the appropriate state officers and a copy must be sent to Kathryn Hamilton.

khamilton@cpalaramie.com
Kathryn L. Hamilton, CPA
CPA Group of Laramie
1273 N. 15th St., Suite 121
Laramie, WY 82072
Fax: 307-745-7292