



## Reimbursement/Payment Request

### REGIONAL EXPENSE

**Check One:**      **Advance Request**  
                          **Reimbursement Request**  
                          **Payment to Third Party *(Attach vendor invoice when available)***

**Requestor Name:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
                          \_\_\_\_\_  
                          \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

<b>Itemized Description of Expenditure</b>			
Note: Attach original receipts or vendor invoice for all expenses			
Description/Purpose of Expenditure	Date Incurred	Account Code	Amount
<b>Total Costs \$</b>			
<b>Reimbursement/Payment Requested \$</b>			
<b>Donation in Lieu of Reimbursement \$</b>			

**CERTIFICATION:** I hereby certify that the information on this payment request voucher is accurate to the best of my knowledge; that expenses incurred during travel complies with the ASPIRE Travel Policy; and finally, that these expenses have been submitted only to ASPIRE for reimbursement or payment consideration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVED BY**

ASPIRE President: \_\_\_\_\_ Date: \_\_\_\_\_

ASPIRE Treasurer: \_\_\_\_\_ 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](mailto:khamilton@cpalaramie.com)  
 Kathryn L. Hamilton, CPA  
 CPA Group of Laramie  
 1273 N. 15<sup>th</sup> St., Suite 121  
 Laramie, WY 82072  
 Fax: 307-745-7292