Reimbursement/Payment Request

{¢!¢9 EXPENSE

☐ CO ☐ MT ☐ ND ☐ SD ☐ UT ☐ W

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

Requestor Name: _____

Check Payable to: _____

Address: _____

_____

_____

E-Mail Address: _____

Itemized Description of Expenditure

Note: Attach original receipts or vendor invoice for all expenses

Description/Purpose of Expenditure	Date Incurred	Account Code	Amount
Total Costs $			$ 0.00
Reimbursement/Payment Requested $			
Donation in Lieu of Reimbursement $			$ 0.00

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

State President: _____ Date: _____

ASPIRE State Treasurer: _____ Date: _____

ASPIRE Regional 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
Kathryn L. Hamilton, CPA
CPA Group of Laramie
1273 N. 15th St., Suite 121
Laramie, WY 82072
Fax: 307-745-7292 d