

CWS REIMBURSEMENT SHEET

Date of Request _____

Name of Person Requesting Reimbursement _____

Address, City, State, Zip _____

Descriptions of the activity funds were used for _____

CWS Activity or Exhibition _____

Board Member/Chairman authorizing reimbursement _____

Name of Vendor _____

Invoice or Receipt Number _____ Total Amount to Reimburse _____

Reimbursement will be made to the above name unless another is listed here _____

All requests for reimbursement must be made within 30 days of activity. No reimbursement will be granted without invoice or receipt. Attach all invoices or receipts to this sheet.

Send this sheet to: **Arleen Brogan-Smith, 2140 S. Flower Way, Lakewood, CO 80227-2342**

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