

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: **Priscilla Greenbaum, 15168 W. Washburn Ave., Lakewood CO 80228 or prisgreenbaum@gmail.com.**

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