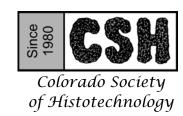
## **Reimbursement Request**



Category:			
Purchase:			
Cost:			
Date Submitted:	Phone:		
Submitted by (print):	Submitted	d by (signature):	
Make check payable to:		_	
Mail check to following address:			
City:	_	State:	Zip:
Approved by (print):	Approved by	y (signature):	
Date reimbursed:			
Check #:			
Treasurer: Magdalena Glogowska Treasurer (signature):			
Comments:			
Please mail request to:			

Ms. Magdalena Glogowska 5700 Youngfield St. Arvada, CO 80002

Effective: 7-29-2015

<sup>\*</sup> A copy of the receipt(s) must be attached.