

# Reimbursement Request



Colorado Society  
of Histotechnology

Category: \_\_\_\_\_

Purchase: \_\_\_\_\_  
\_\_\_\_\_

Cost: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Phone: \_\_\_\_\_

Submitted by (print): \_\_\_\_\_

Submitted by (signature): \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail check to following address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approved by (print): \_\_\_\_\_

Approved by (signature): \_\_\_\_\_

Date reimbursed: \_\_\_\_\_

Check #: \_\_\_\_\_

Treasurer: Magdalena Glogowska Treasurer (signature): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please mail request to:

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

\* A copy of the receipt(s) must be attached.

Effective: 7-29-2015