P.O. Box 519
Crested Butte, CO 81224
Phone: 970.349.7231
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www.rmbl.org

RMBL 365
Reimbursement/Receipt Form

First Name	Last Name	Date
Department	Supervisor	Class / Account

Check appropriate box:

- ☐ Total Reimbursement Amount: _____.

  Explain expense: _____

  _____

- ☐ Total Receipt Amount: _____.

  Explain expense: _____

  _____

Please see back side to list multiple reimbursements or receipts, and list total under Total Reimbursement/Receipt Amount.

Please provide receipts for all reimbursements/receipts with this form. Then, sign, have your supervisor sign, and turn in all documents to the RMBL Accounting Office for reimbursement.

Signature	Supervisor Signature

Itemized Expenditures

Date	Expenditure	Note	Class / Account to Charge	Amount	Credit Card Used	Receipt Attached Yes/No
			Total			