CRID REIMBURSEMENT FORM

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

COMMITTEE: _____

PLEASE FILL OUT AND SUBMIT WITH ALL RECEIPTS TO **STATE TREASURER**. DETAIL EACH ITEM BELOW.

DATE	ITEM	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL:	_____

_____
SIGNATURE

_____
CHAIRPERSON'S/OFFICER'S SIGNATURE

Items will be reimbursed only after chairperson's/officer's approval. Information may be submitted electronically. Email form and all receipts to: treasurer@coloradorid.org

Or mail all copies to: CRID PO Box 377 Larkspur, CO 80118