

COLORADO  
Weed Management



## REIMBURSEMENT REQUEST FORM

### Colorado Weed Management Association

6050 Greenwood Plaza Blvd., Suite 130 Greenwood Village, CO 80111  
Phone # 303-779-7939 Fax # 303-798-1315

*Completed form must be received and authorized in advance by the CWMA office*

REQUESTOR NAME: \_\_\_\_\_

ORGANIZATION/COMPANY: \_\_\_\_\_

COMMITTEE/PROJECT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PURCHASE – Please List Each Item with Individual Costs and Descriptions:**

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TOTAL REIMBURSEMENT: \$ \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

*To Ensure Timely Reimbursement Please Answer the Following:*

Was this expense budgeted for: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you attached a copy of your receipts: YES \_\_\_\_\_ NO \_\_\_\_\_

Is this a reoccurring expense: YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

***PURCHASE RECEIPTS ARE REQUIRED & MUST BE SUBMITTED WITH THIS FORM.***

*Reimbursements will not be processed or paid until approved.*

*Please allow up to 30 days for reimbursements to be recorded and processed.*

*All Reimbursements must be budgeted or will require additional board approval to be processed.*