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

RMBL 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			