Louisville ART Association

Date: _____

Member Name: _____

Address: _____

City/Zip: _____

Phone:

Expense Reimbursement Request (for approved expenses)

Original receipts must be attached.

Please retain copies and submitt as soon as possible.

Date of Expenditure	Description	Where Purchased	Purpose	$ Amount

TOTAL: $ -

Please bring to the meeting or mail to:

Attn: Brenda Weissmann

PO Box 852

Louisville, Co 80027