



EVENT REPORT/REIMBURSEMENT FORM

Committee Name or Board Position: _____

Event Function or Reason for Request: _____

Meeting Place and Date (if applicable): _____

DESCRIPTION OF EXPENSES	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

DESCRIPTION OF INCOME	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____
BALANCE	\$ _____

Applicant Signature: _____

Make check payable to (if applicable): _____

Mail check to (if applicable): _____

Secretary/Treasurer Approval Signature & Date: _____

Submit to:

Ann Hall at ann.e.hall@comcast.net
or
RMSAWWA Secretary/Treasurer
1685 S. Colorado Blvd., Unit S #315
Denver, Colorado 80222

Please attach receipts. All expenses must be itemized and documented for IRS purposes. Reimbursement requests must be submitted within 60 days after the expense was incurred.