



Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Expense Reimbursement Request (for approved expenses)**

***Original receipts must be attached.***

Please retain copies and submit as soon as possible.

Date of Expenditure	Description	Where Purchased	Purpose	\$ Amount

Please bring to the meeting or mail to:

LAA - Attn: Sandy Price  
 PO Box 852  
 Louisville, Co 80027

TOTAL: \$