



REQUEST FOR REIMBURSEMENT

Camper Name: _____

Person to be Reimbursed: _____

Relationship to Camper: _____

Address to Mail Check: _____

City, State & Zip: _____

Phone: _____

Email: _____

Purpose of Purchase: _____

*Reimbursements will only be considered for pre-approved purchases with original receipts within 30 days of purchase date.

Date of Purchase	Description of Item for Reimbursement	Cost	<i>For ATS Office Use Only</i>
TOTAL		\$	

Send Completed Form and Receipts to: **ATS**
Attn: Reimbursement Request
1420 Ogden Street, Suite 102
Denver CO 80218
karen.smith@cheleyfoundation.org

<i>For ATS Office Use Only</i>	
Approved By: _____	Approval Date: _____
Signature: _____	

