



# Copper Mountain Community College District

## Student Club Expense/Reimbursement Request



Complete and submit form to the CMC Business Office.  
Please allow 2-5 business days for processing requests.

**Club Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Check all that apply:** (Complete one form per vendor and/or activity)

- Vendor Check Request** (Include invoice or sales documentation)
- Student or Advisor Reimbursement** (Include receipt(s) for all goods purchased/received)
- Funds Advance**
- Other:** \_\_\_\_\_

**Activity Description:**

**Total Amount**      \$ \_\_\_\_\_

**Vendor/Payee Information**

**Payable To** (Name) \_\_\_\_\_

**Mailing Address**  
(if applicable) \_\_\_\_\_ Street Address

\_\_\_\_\_ City                      State                      Zip

**Phone Number** \_\_\_\_\_

Additional contact for when payment is ready:  
(Include name, phone and/or email contact) \_\_\_\_\_

### Expense/Reimbursement Approvals

**Date of Club Meeting** \_\_\_\_\_ **Club Minutes/Certificate Attached**

**Club Officer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Club Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**VP of Student Services** \_\_\_\_\_ **Date** \_\_\_\_\_

(For Club Advisor reimbursement(s) only)

**Business Office Use Only**

Date Stamp Received	<b>Date Paid</b> _____	<b>Date Sent</b> _____
	<b>Check #</b> _____	<b>Signature</b> _____
	<b>Prepared By</b> _____	(If hand delivered)