



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

Date Paid _____

Date Sent _____

Check # _____

Signature _____

Prepared By _____

(If hand delivered)