



# Reimbursement/Payment Request

## STATE EXPENSE

CO  MT  ND  SD  UT  WY

- Check One:**
- Advance Request
  - Reimbursement Request
  - Payment to Third Party *(Attach vendor invoice when available)*

<b>Requestor Name:</b>	_____
<b>Check Payable to:</b>	_____
<b>Address:</b>	_____ _____ _____
<b>E-Mail Address:</b>	_____

<b>Itemized Description of Expenditure</b>			
Note: Attach original receipts or vendor invoice for all expenses			
Description/Purpose of Expenditure	Date Incurred	Account Code	Amount
<b>Total Costs \$</b>			
<b>Reimbursement/Payment Requested \$</b>			
<b>Donation in Lieu of Reimbursement \$</b>			

**CERTIFICATION:** I hereby certify that expenses listed above were incurred while conducting business on behalf of the above indicated ASPIRE State Chapter and that this voucher has been submitted only to ASPIRE for reimbursement or payment consideration.

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>APPROVED BY</b>	
ASPIRE State President: _____	Date: _____
ASPIRE State Treasurer: _____	Date: _____
ASPIRE Regional Treasurer: _____	Date: _____

**Mail To:**  
 Cody McMichael  
 Student Support Services  
 Black Hills State University  
 1200 University Street, Unit 9510  
 Spearfish, SD 57783-9510

**Please Note:** For auditing purposes, all state reimbursement requests must be signed by the appropriate state officers and a copy must be sent to Kathryn Hamilton.

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