



Train Expo Colorado Expense Reimbursement

Name _____

Date of Request _____

Address _____

Store/Item(s) Purchased	Activity (e.g., TECO Show #, Administrative, YMR, etc.)	Amount
<i>Please attached receipts to this form.</i>	Total	\$

Signature _____

Approved by: _____

Paid on Date _____

Check Number _____