



Colorado Society  
of Histotechnology

# Reimbursement Request

Category: \_\_\_\_\_

Purchase: \_\_\_\_\_  
\_\_\_\_\_

Cost: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Submitted by (print): \_\_\_\_\_

Submitted by (signature): \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail check to following address: \_\_\_\_\_

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

Approved by (print): \_\_\_\_\_

Approved by (signature): \_\_\_\_\_

Date reimbursed: \_\_\_\_\_

Check #: \_\_\_\_\_

Treasurer: **Ruth Garnhart** Treasurer (signature): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please mail request to:

**Ms. Ruth Garhart**  
**2730 Sunbird Dr.**  
**Colorado Springs, CO 80918**

\* A copy of the receipt(s) must be attached.

Effective: 07-18-2005