

APPENDIX D
REIMBURSEMENT REQUEST FORM

Facilitators:

Please complete this form if you are requesting reimbursement for “out-of-pocket” costs incurred in providing materials for your class. Class members may also use this form to request reimbursement for costs they incur in making presentations to the class or in assigned projects. **YOU MUST AUTHORIZE THESE REIMBURSEMENT REQUESTS** before it is sent to the OLLI office.

IMPORTANT:

1. **DU WILL NOT REIMBURSE FOR SALES TAX:** Your facilitator materials include a copy of the DU tax exempt certificate. This should be used with any purchase. The DU tax exempt number is : 98-00574
2. **DU MUST HAVE ORIGINAL STORE RECEIPT – not the credit card receipt and not a copy.** *Please staple original receipts to this form.*
3. **YOU MUST INCLUDE A W-9 FORM** unless you have requested a reimbursement within the last 12 months. The W-9 form is included with your facilitator training materials and may be copied for you or class members. *If you have requested reimbursement within the past year, please check here _____*

You may accumulate receipts until the end of the semester or turn them in as you incur the expense. Fill in the information below and forward the receipts and this form to the OLLI office at 2211 S. Josephine St. Denver, CO 80208, ATTENTION: (your site manager)

ITEM DESCRIPTION	DATE	AMOUNT
TOTAL		

This reimbursement request is from (check one):

Facilitator _____ **Class member** _____ **Volunteer** _____ **Staff** _____ **Other(specify)** _____

If class member, facilitator should initial to approve _____ **Date :** _____

Name (payable to)	Course title
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Mail to: Address	City	Zip
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Contact name & Phone # if questions: _____

Site: (circle) Central West South Site Manager Approval: _____