



Monte Vista Chamber of Commerce Tourism Committee

Reimbursement Request Form

Request Date _____

Applicant _____

Project Name _____

Invoice Date	Business Name	Description	Amount

TOTAL REQUEST \$ _____

PLEASE ATTACH COPIES OF INVOICES SUPPORTING THE ABOVE REQUEST.

REQUEST FOR REIMBURSEMENT MUST BE SUBMITTED PRIOR TO THE 1ST MONDAY OF EACH MONTH.

Signature of Applicant

Approved: YES _____ NO _____

Date Approved: _____

Paid: Date _____ Check Number _____ Check Amount _____