

**REQUEST FOR REIMBURSEMENT
Or Payment of Invoice
Alpaca Breeders of the Rockies, Inc.**

Date: _____

Person making request: _____

mailing address: _____

Telephone : (____) _____

Purpose of expenditure:

Committee or BOD activity(s): _____

Total amount: \$ _____

Attach original of receipts to this form and mail to: **Ann Danielson, Treasurer
ABR
3423 County Road 20
Longmont CO 80504**

Expenditures over \$250.00 require Committee Chairperson approval e-mailed to:
anniesalpacaranch@msn.com

If your receipt has personal expenditures on it, please clearly identify the amount attributable to ABR.

Account to be Charged: _____
(For Treasurer Use Only)

Approved for Payment _____