



**UCAN Serve AmeriCorps Program
REIMBURSEMENT FORM**

NAME: _____ **SCHOOL:** _____

NAME OF EVENT: _____

EVENT START DATE: _____ **EVENT END DATE:** _____

MAKE CHECK PAYABLE TO: _____

ADDRESS TO MAIL REIMBURSEMENT:

MAIL FORM AND ORIGINAL RECEIPTS TO:

**UCAN Serve AmeriCorps Program
Colorado Campus Compact, B-7
Regis University
3333 Regis Blvd., Main Hall 312
Denver, CO 80221**

ORIGINAL RECEIPTS MUST BE ATTACHED

Date	Meals (and tips)	Lodging	Personal vehicle (# miles x \$.405)	Air Transportation	Car Rental	Other (explain)	Daily Total
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
					Total of	Reimbursement	\$

MEMBER SIGNATURE: _____

DATE: _____