

Receipt Form

Due Monthly, within 30 days of charge

*Submit completed form and all receipts to MExpens @colorado.edu

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Cardholder Name _____ & Address _____

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Date	Amount (ensure no sales tax)	Expense	Expense type (Select from drop down menu)	Business Purpose/ Justification	Receipt
			Select ~		
			Select ~		
			Select ~		

			Select ~		
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