



# RECON

## Check Request Form

Instructions to the individual or organization requesting payment or reimbursement:

- Complete all fields below and sign form.
- Provide invoice.
- Email form (with invoice) to the address provided below.

Name/Organization: \_\_\_\_\_

Business Liaison contact Name: \_\_\_\_\_

Business Liaison Email: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed forms and original receipts should be mailed to:**

Philip Bradley, Astrophysical and Planetary Sciences  
391 UCB  
2000 Colorado Ave  
Boulder, CO 80309  
[Philip.Bradley@Colorado.edu](mailto:Philip.Bradley@Colorado.edu)

Reimbursements will be processed as soon as they are received, and typically take 3-5 weeks for payment. Please contact Philip Bradley at 303-492-8913 if you have questions.