

**CMDS Parents' Assn  
Reimbursement Request**

Please complete this form and turn it in to the school office no later than one week following the completion of your project. Call Robin Taylor if you have any questions.

Project: \_\_\_\_\_

Date of Project: \_\_\_\_\_

Project Chairmen: \_\_\_\_\_

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

Date of Expenditure	Paid to	Amount Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total check amount:	\$ _____

Make check payable to: \_\_\_\_\_

Person to contact when check is ready or if there should be any questions:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Approval: \_\_\_\_\_

**ATTACH RECEIPTS** (remember, we do NOT reimburse for sales tax)

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Check number: \_\_\_\_\_ Date check issued: \_\_\_\_\_