

# CMDS Parents' Association

## Reimbursement Request

Please complete this form and turn it in to the Treasurer's box in the school office no later than one week following the completion of your project.

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

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

Purpose of Expense (items purchased): \_\_\_\_\_

Date of Expenditure	Paid To	Amount Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Check Amount:		\$ _____

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

Person to contact when check is ready, or if there are any questions:

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

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

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

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

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Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_