

CPS-PA EXPENSE REIMBURSEMENT FORM 2010-2011 SCHOOL YEAR

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list expenses below with a description of the expense and the associated event. Attach all receipts to this form and submit to: Catherine Choudary, PA Treasurer (place in LS PA box or in Cat's folder in LS office). **All reimbursement requests must be approved by the Committee Chairperson and signed by the PA Board Liaison for the corresponding committee.** Please keep a copy for your records. Please send questions regarding reimbursement to Cat Choudary at: ccchoudary@carolina.rr.com

Expenses requested for reimbursement

<u>Date of Expense</u>	<u>Vendor/ Description</u>	<u>Event</u>	<u>\$ Amount</u>
Total Amount Due			\$

Incomplete forms may result in a delay in reimbursement until the completed information is provided.

I certify that all expenses listed above were incurred solely for the benefit of a CPS-PA event or a PA administrative expense and I am requesting reimbursement for these expenses.

Signature

Date

Signature of PA Board Liaison

Date

I approve the reimbursement of the above listed expenses.