



Office Use Only

Pmt. Date: _____

Check#: _____

Category: _____

Concord-Carlisle Parents Association
Expense Reimbursement Request Form

1. Date(s) of purchase: _____

2. What did you purchase? _____

3. What was the event/reason for the purchase? _____

4. Method of payment:

A. Purchase order

Please provide P.O.# _____

B. Ordered and will be billed directly from vendor

Vendor name: _____

C. Paid personally. To be reimbursed, please fill-in below

Make check payable to: (print) _____

Address: _____

5. Total payment: \$ _____

6. Please attach all original and itemized receipts to this form and send to the CCHS PA Treasurer:

Judith Grant Long
c/o CCHS Parent Association
500 Walden Street,
Concord, MA 01742
treasurer@cchspa.org

Submitted by: (print) _____

Date: _____

Email address: _____