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:

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

Submitted by: (print) _____________________________________________________________________

Date: _________________________________________________________________________________

Email address: _________________________________________________________________________