



**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:

Treasurer  
c/o CCHS Parent Association  
500 Walden Street,  
Concord, MA 01742  
[treasurer@cchspa.org](mailto:treasurer@cchspa.org)

Submitted by: (print) \_\_\_\_\_

Date: \_\_\_\_\_

Email address: \_\_\_\_\_