

Turn in request to teacher workroom > CPA mailbox > front pocket of blue three-ring notebook,  
OR submit the completed form via email to [challengeparents@gmail.com](mailto:challengeparents@gmail.com)

## Challenge Parents Association

# PAYMENT/REIMBURSEMENT REQUEST

Please STAPLE your original receipts or invoices to this form and make a copy for your records.

Only purchases with receipts will be reimbursed.

All supplies and materials purchased with CPA funds are the property of the Challenge Program and will remain accessible to teachers, parents, and students within the Challenge Program.

Type of request, check one:

☐ Classroom Support Allotment  
(no prior approval needed)

☐ Community Development (swim parties,  
BINGO, other)

☐ Teacher Professional Development:  
Approved by who? \_\_\_\_\_

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

☐ Grant Funds:  
Approved by CPA Board? Y/N  
Grant Title: \_\_\_\_\_

Approved by? \_\_\_\_\_

Date of request \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of request: \_\_\_\_\_ Make check payable to: \_\_\_\_\_

Purpose or description of expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR TREASURER'S USE ONLY

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Audit Cleared: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ Amount: \_\_\_\_\_