



WE'RE ALL IN THIS TOGETHER!

Challenge Parents Association

CPA Funds Reimbursement Form

Name: _____

Date: _____

E-mail: _____

Phone: _____

Amount Requested: _____

Date Needed: _____

Description of purchases (itemize if necessary):

Attach Receipts to back of Reimbursement Voucher

Note: Only purchases with receipts will be reimbursed

Additional Information (if necessary):

Reminder: 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.

FOR TREASURER'S USE ONLY

Check # _____ Check Amount: _____ Date: _____ Audit Cleared: _____

Budget Line Item: _____ Amount: _____

Budget Line Item: _____ Amount: _____

BE A PART OF THE CHALLENGE!