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)
- [ ] Teacher Professional Development:
  Approved by who? _________________
- [ ] Grant Funds:
  Approved by CPA Board? Y/N
  Grant Title: ________________________
- [ ] Community Development (swim parties, BINGO, other)
- [ ] Other: _________________________
  ____________________________
  ____________________________
  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: ________________