CCA REIMBURSEMENT FORM

Date Submitted: _____

Make check payable to: _____

Total amount to be reimbursed: _____

Requested Date for Check: _____

(Completed Reimbursement Forms will be processed within 7 – 10 days of being turned into the Business Office. It is your responsibility to get approval for this BEFORE submitting to the Business Office; otherwise the time frame stated above will not apply until it is approved. Please note: Requests for reimbursement should be made within 30 days of the receipt date. Anything after 30 days will be handled as a donation.)

*Attach **all** receipts. We will not reimburse without a receipt. List purchases below with total for each receipt.*

Date Purchased	Purchased From	Description	Amount of Receipt
		TOTAL *(should match above request):*	$

Account # to Charge: _____ (*Completed by person approving)*

Additional Memo: _____

Signature for Approval: _____

Date of Approval: _____