

CCPA Expense Reimbursement Form

Parent Association Member: _____

Date of Request: _____

(Please note that CCPA policies require reimbursement requests are submitted within 30 days of expense incurred)

Send reimbursement check to:

Name: _____

Address: _____

Phone No. _____

Email: _____

(Please write legibly, as illegible requests may not be processed promptly)

<u>Date:</u>	<u>Item Description</u>	<u>Event</u>	<u>Amount</u>
		Total:	

Member Signature: _____

Approved by: _____

Requests exceeding \$100 must be approved by one voting CCPA Board member including Co-Presidents, Secretary, Primary or Elementary Room Parent Coordinator, Fundraising Chair(s), Community Service or Communications. Please note that all requests over \$500 require two Board member signatures.

Thank you for helping the CCPA.

IMPORTANT

- Complete this request form and obtain CCPA Board member approval. Missing signatures will delay payment.
- Receipts substantiating this request should be attached to a separate sheet and accompany this form.
- Checks are generally issued on a bi-monthly basis. Please allow 5-7 business days to process payment.
- Completed request forms, including receipts, may be placed in the Treasurer’s mailbox in the Carden office.
- Contact CCPA Treasurer, at CCPA.Treasurer@cardenconejo.com with any questions.

