

Crestview Middle School CPO

Expense Reimbursement Form

Your Name _____ Date _____

Your Telephone # _____

Name of the Event or Committee _____

List receipts or bills attached		
Store/Name	Brief Description	Dollar Amount
1.		
2.		
3.		
Total Amount of Reimbursement \$		_____ *

* as we are a tax exempt organization, we do not reimburse for sales tax paid. If you need a copy of the tax exempt letter, please contact one of the CPO officers.

Make the check payable to:
Name:
Address:
Telephone:

AUTHORIZATION:
Your signature
Committee Chair signature

For Treasurer's Use Only	Check #	\$ Amount	Date
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