

CHAPTS ***Reimbursement Request 2017-2018***

Use this form when goods or services have **already** been purchased.

1. Fill in all information below and attach **ORIGINAL** receipt(s)
2. Obtain signature approval from Committee Chair, if applicable.
3. You may submit by mail (see below) or email form and receipts to:
treasurer@chaps.org/amariucci@cox.net
4. Submit completed form and receipts to CHAPTS Treasurer's mailbox at school or mail to:
Amy Mariucci, CHAPTS Treasurer
6935 E. Gold Dust Avenue, Scottsdale, AZ 85253

DATE SUBMITTED _____ YOUR NAME _____

PAYABLE TO _____ PHONE _____

MAILING ADDRESS: _____
(PLEASE GIVE A COMPLETE ADDRESS AS ALL CHECKS WILL BE MAILED)

COMMITTEE/EVENT/BUDGET LINE ITEM _____
(i.e. Teacher Appreciation, Membership, College & Career Center, etc.)

COMMITTEE CHAIR'S APPROVAL _____

Receipt from	Description of Goods or Services	Amount

Total Reimbursement Amount: \$ _____

(As a courtesy please submit all reimbursements within 30 days of purchase)

Treasurer's Use Only:

Check # _____

Date: _____