

## CHAPTS ***Reimbursement Request 2018-2019***

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: \_\_\_\_\_