

**Cornerstone Christian Academy PTF**

**Reimbursement Request Form**

Instructions: Attach all receipts, labeled with your name. Turn in to your event chair to be processed.

Event chairs: Please approve and sign at bottom, then turn in to Cornerstone (lower school) front desk.

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check Payable to \_\_\_\_\_

Full Address \_\_\_\_\_

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**Circle One: I Do / Do Not wish to be reimbursed for this charge.**

Event Chair/PTF VP \_\_\_\_\_

Specific Reason for Reimbursement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Receipt(s) totaling the amount of the reimbursement must be attached.**
- **Sales Tax CANNOT be reimbursed; use CCA Tax ID(your event chair has a copy)**
- **Receipts should NOT include personal purchases.**

Approved by Event Chair _____	Date _____
Approved by PTF Officer _____	Date _____

*For Office Use Only*

Account \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_