

Check #: _____

STAFF GRANT REIMBURSEMENT VOUCHER

Please attach your receipts to this voucher for purchases made. Fill out Part A of the form below and email to cwptaprez@gmail.com. Thank you.

PART A

Name: _____ Grade: _____

Phone# or E-mail: _____ Date: _____

Explanation of Bill (List Each Receipt)	Amount

Total Amount of Requested Reimbursement:
Maximum of **\$200 Certificated, \$50 Para, \$50 Office, \$100 Principal** \$ _____

Signature of Person Submitting Request: _____

Address of where to mail check: _____

Please DO NOT WRITE BELOW THIS LINE!!!

PART B

Check Made Out To: _____

Check #: _____ Check Date: _____ Check Amt: \$ _____

Treasurer's Signature: _____