

# CHECK REQUEST FORM /REIMBURSEMENT

CLEVELAND HUMANITIES MAGNET PARENT ASSOCIATION / CHMPA

DATE: \_\_\_\_\_

- 1, Please complete form for reimbursement / payment
2. Attach itemized receipts / invoice

CHECK PAYABLE TO:

NAME: \_\_\_\_\_ ROOM # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ITEM	CATEGORY (see back)	COST
	TOTAL	\$

CHECK IF THIS IS AN URGANT MATTER \_\_\_\_\_

Note: Checks will be issued once a week.

APPROVED BY: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

Expense Categories: Please Include With Each \$ Amount

Advertising/ Promotion  
Banking fee  
College Trip  
Dues / Subscriptions

EVENTS :

C4 summit  
MPA Kick off  
Orientation  
End of Year Party

FUNDRAISER:

Corechella  
Book Bundle  
COREwear

IT

Insurance

Meal Expense – **for what purpose or Event**

Outside Professional Fees

Student Development – inc.

Hamlet / Renaissance / Bridge /Scholarship

Professional Development

Staff Appreciation

Postage

SUPPLIES :

Instructional

Office Supplies

Business Gifts

Taxes / license fee