Reimbursement or Payment Request

If you would like to request a reimbursement or payment for approved purchases, please fill out this form and give it to the CPAAA Treasurer (or other board member) with the original receipts or invoices attached. You may also mail the originals to P.O. Box 1713, Denton, TX 76202.

Payable to: _____ Date paid: _____

_____ Check #: _____

Your phone: _____ Amount: _____

Event/purpose: _____

Date	Description	Amount
		$
		$
		$
		$
		$
		$
		$
		$
	Total	$

Submitted by: _____ Date: _____

Approved by: _____ Date: _____