

# INCARNATE WORD CATHOLIC PARENT TEACHER ORGANIZATION

## Staff Requisition Reimbursement Form

From: \_\_\_\_\_ Grade/Class: \_\_\_\_\_ Date: \_\_\_\_\_

This is for (choose one): \_\_\_\_\_ Request \_\_\_\_\_ Reimbursement – receipt attached

Item: \_\_\_\_\_

Description of use or explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where it can be found or purchased from: \_\_\_\_\_

\_\_\_\_\_

Cost: \$ \_\_\_\_\_

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Approvals required:

CPTO President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date delivered: \_\_\_\_\_

Date bill was paid: \_\_\_\_\_ Check # \_\_\_\_\_