CABARRUS COUNTY HOME SCHOOL ASSOCIATION
REIMBURSEMENT REQUEST // MONEY TRANSACTION

Total Amount Requested $_____.___ Responsible Party _____

Phone (_____) _____-_____ Address _____

_____ ZIP _____

Fees: Adult _____ Child _____ Other _____

ITEMIZE EACH ITEM OR PAYEE BELOW

DATE	DESCRIPTION-ITEM/PURPOSE, ETC.	COST
	TOTAL	$

Signature _____ Date _____

Any dispersal from CCHSA requires a receipt. If you are turning in money for a trip/class/etc., please indicate clearly what it is for, who is paying and for how many.