



CPACDC REIMBURSEMENT FORM

Please complete form and enclose receipts.

Date: _____

Reimbursement should be sent to:

(Name) _____

(Address) _____

REASON

AMOUNT

REASON	AMOUNT

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED: \$ _____

DATE RECEIVED: _____

REIMBURSEMENT APPROVED? Y N

CHECK # USED FOR REIMBURSEMENT: _____

DATE REIMBURSEMENT CHECK SENT: _____

PLEASE MAIL THIS COMPLETED FORM PLUS ORIGINAL RECEIPTS TO:

Deb Mills, 222 Memorial Drive, Bath, PA 18014