

**Children's Performing Arts
Expense Reimbursement Form**



Date Submitted:		
Name:		
Street Address:		
City:	State:	Zip:
Phone:		
Email:		

Office use only
Date Sent: _____
Check #: _____
Sent by (initials): _____

Checks will be made payable to the name noted above and mailed to the address provided within 30 days of submission.

**Expense Class Examples: Legacy Program, Show Choir, Summer Camp, Fundraising, House Party*

Date of Expense	Expense Class*	Vendor/Company	Description	Amount
Total Reimbursement Amount Requested:				

Complete this form and attach all receipts/invoices and submit to karib@ChildrensPerformingArtsMN.org

Reimbursement requests are to be submitted within 30 days of purchase.

CPA is tax exempt – NO taxes will be reimbursed, mention tax exempt at purchase.

Receipts/ invoices are required for reimbursement.