



CPA-PCA REIMBURSEMENT REQUEST FORM

Requester Fills In

Date of Request _____

Person Requesting _____

Make Check Payable to _____

Amount of Check Request _____

Reason for the Expense _____

Mail Payment to Address _____

Zelle Payment to Phone or Email _____

Phone Number (always needed) _____

If requesting Zelle payment, make sure you have an account with Zelle (check "Zellepay.com")

Purpose _____

Signature of Requester _____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase.

Approval is required if not within approved budget responsibility.

Approval _____ Date _____

**Once filled in, return to Treasurer by email (treasurer@cpa-pca.org)
Or deliver by hand**

FOR TREASURER'S USE ONLY

Date Issued _____ Check Number _____

Charged to what budget item _____

Comments _____

Treasurer's Signature _____