CAP INVOICE
(CHECK REQUEST)
CALARTS COMMUNITY ARTS PARTNERSHIP (CAP)
Fax (661) 222-2726 Telephone (661) 222-2708

USE THIS FORM IF REIMBURSEMENTS ARE OVER $40 TOTAL
(ALL PERSONAL INFORMATION MANDATORY)

PAYEE NAME _____ _____

SSN# _____

MAIL TO: _____

PHONE NUMBER _____

_____

Address (if not indicated for mailing)

_____ _____ _____ _____

MISCELLANEOUS REIMBURSEMENTS NOTE: All miscellaneous reimbursements must have PRIOR APPROVAL from the CAP Office or Faculty Supervisor. **Original receipts for supplies, parking, and refreshments reimbursements must be taped to a blank sheet of 8 1/2" x 11" paper and attached to this document.

DATE	PROGRAM	REIMBURSEMENTS DESCRIPTION	SUPPLIES AMT	MILEAGE AMT	OTHER REIMBURSEMENT AMT

Supplies Acct # _____ Supplies AMOUNT _____

Supplies Acct # _____ Supplies AMOUNT _____

Supplies Acct # _____ Supplies AMOUNT _____

Mileage Acct # _____ Mileage AMOUNT _____

Mileage Acct # _____ Mileage AMOUNT _____

Mileage Acct # _____ Mileage AMOUNT _____

Other Acct # _____ Other AMOUNT _____

Other Acct # _____ Other AMOUNT _____

Other Acct # _____ Other AMOUNT _____

Authorized Signature _____ DATE _____