CALARTS CAP REIMBURSEMENT FORM

MAIL TO:

Payee Name _____
Address _____
City, State, Zip _____
Phone Number _____
Last 4 digits of Social _____

DATE RECEIPTS TURNED IN	PROGRAM NAME	DATE OF RECEIPT	VENDOR/STORE NAME ON RECEIPT	DESCRIPTION (SUPPLIES, FOOD, MILEAGE, ETC)	AMOUNT OF RECEIPT
				TOTAL OF RECEIPTS	**$ -**

BELOW IS CAP OFFICE USE ONLY:

Account #	Program Name	Amount

Total $0.00

CAP AUTHORIZED SIGNATURE **DATE**

6/17/09]