

Charles Armstrong School

CAPSO REIMBURSEMENT REQUEST

TO: CAPSO BOX, ROOM 1

DATE: _____

Please issue a check as follows:

Amount: _____

Payable to: _____

Purchase Description: _____

Reason for purchase: _____

Purchase Pre-Approved by: _____

**FOR REIMBURSEMENT OF FUNDS FROM CAPSO, PLEASE FILL OUT THIS
FORM AND PUT IT IN THE CAPSO MAILBOX IN ROOM 1.
PLEASE ATTACH ALL RECEIPTS.**

Thank you!