

The 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!!!**