

**Cornerstone Charter Academy  
Reimbursement Request Form  
Internal Accounts**

PO# \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request reimbursement for the following expenditures:

Items to be reimbursed:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount of Requested Reimbursement: \$ \_\_\_\_\_

The items listed above were used for the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of requester: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the reimbursement request and authorize payment to be made.

\_\_\_\_\_  
Principal/Designee Date: \_\_\_\_\_

Please attach preapproved purchase order form and all receipts.