

CORNERSTONE MCC REIMBURSEMENT FORM

Name: _____

Date Submitted: _____

Description of item(s) Purchased:	List separately	Cost
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
TOTAL REIMBURSEMENT REQUESTED:		_____

Please allow 7-10 business days for processing of reimbursement check.

*****Please submit a copy of receipt(s) with this form.*****

For CMCC Board Use Only

Board Member who received Form: _____

Treasurer's acknowledgement: _____

Date reimbursement processed: _____

Copy of form given to person requesting reimbursement