

CACSS Payment or Reimbursement Request

Name: _____ Date _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Email Address: _____

Please list the amount and the purpose of each Payment;

\$ _____ Purpose: _____

\$ _____ Purpose: _____

\$ _____ Purpose: _____

\$ _____ Purpose: _____

\$ _____ Purpose: _____

\$ _____ Purpose: _____

\$ _____ Purpose: _____

\$ _____ Purpose: _____

\$ _____ Total amount requested

If you email this request to me at tolbertjl10@gmail.com, please attach copies of all receipts to your email.

If you choose to submit the request in person or by mail, please put the request and all receipts in an envelope with your name printed on the face of the envelope. Please mail to;

CACSS
ATTN: Treasurer
P. O. Box 63572
Phoenix, AZ 85082-3572