

**Cornwall Central Teachers' Association**

PO Box 719

Cornwall, New York 12518

\_\_\_ CCTA \_\_\_ Scholarship \_\_\_ Community Needs

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

Committee

- |                     |                             |
|---------------------|-----------------------------|
| ___ Communication   | ___ Nomination              |
| ___ Executive Board | ___ P R & R                 |
| ___ Health/Wellness | ___ Representative Assembly |
| ___ Legislative     | ___ Scholarship             |
| ___ Membership      | ___ Social/Welfare          |
| ___ Negotiation     | ___ Other _____             |

Service(s): \_\_\_\_\_

<b>EXPENSES (attach receipts)</b>			<b>AMOUNT PAYABLE TO:</b>
Date	Description	Amount	
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
	Total:	\$ _____	_____
			Signature

(Do not write below this line.)

<b>APPROVAL</b>	
_____	_____
President	Date
_____	_____
Treasurer	Date

Check #: _____	Amount: _____	Budget Line: _____
Date: _____	Voucher #: _____	Fiscal Year: 20__ - 20__