

C.A.I.P. Reimbursement Purchase Form

*This form is **REQUIRED** IF you make any purchases from an individual and it **MUST** be filled out entirely.*

This means the seller must provide their name, address, contact number, list what was purchased, the method of payment, sign and date this form; failure to provide this info will result in your purchase not being eligible for cost-share.

*This form is **NOT** required when you purchase from a store that gives you a receipt with all the required information.*

RECEIPT

CONTACT INFORMATION MUST BE PROVIDED FOR BOTH SELLER AND BUYER

Seller:

Name: _____ <i>Please Print</i>
Address: _____ _____
Ph Num: _____
Cell Num: _____

Buyer:

Name: _____ <i>Please Print</i>
Address: _____ _____
Ph Num: _____
Cell Num: _____

Quantity	Description	Amount
Total Amount Received		\$ _____

Method of Payment: _____ Check (ck# _____, provide a copy of canceled check with reimbursement request)

_____ Money Order

NO CASH PURCHASES WILL BE REIMBURSED

Seller's Signature: _____ **Date of Purchase:** _____