

COMMUNITY COLLEGE OF PHILADELPHIA  
CENTER ON DISABILITY  
BG-39

phone: 215-751-8050 | fax: 215-972-6312  
email: cod@ccp.edu | website: ccp.edu/cod

## **Notetaker Reimbursement Form**

Dear Student:

The Center on Disability would like to thank you for volunteering to share your notes with your classmate during the past semester. In appreciation of your service, we would like to present you with a \$25 gift certificate to the College Bookstore.

*Please complete and return this form to the Center on Disability.*

**Date:**

**Student Name:**

**Student J#:**

**Notetaker Name:**

**Notetaker J#:**

**Semester:**

**Course:**

**Student Signature:**

**Notetaker Signature:**

*\*\*\*TO BE COMPLETED BY THE CENTER ON DISABILITY\*\*\**

Date Gift Certificate Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gift Certificate Number: \_\_\_\_\_