Hiteon PTC Reimbursement Form

Phone or	Email	
Amount	Purchase Descriptio	n Event/Category to Charge*
	_ Total	*Please include staff name for classroom party and staff account reimbursements.
STAPLE	ALL RELATED RECEIPTS	TO FORM AND PUT IN TREASURER'S BOX IN PTC ROOM
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70707070707070		~~~~ For PTC Use ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Date	Amount (Check # Budget Category
	Name (for check)	TC Reimbursement Form Date Submitted
	,	
	Purchase Description	
	Purchase Description	Event/Category to Charge*
	Purchase Description Total	*Please include Staff name for Classroom parties or Staff Account Reimbursements.
STAPLE	Total	*Please include Staff name for Classroom
	Total ALL RELATED RECEIPTS	*Please include Staff name for Classroom parties or Staff Account Reimbursements.