

Hiteon PTC Reimbursement Form

First/Last Name (for check) _____

Phone or Email _____ Date Submitted _____

Amount	Purchase Description	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

~~~~~ For PTC Use ~~~~~

Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Budget Category \_\_\_\_\_