**Hiteon PTC Reimbursement Form**

Updated Sept. 2014

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated Sept. 2014

**Hiteon PTC Reimbursement Form**

First/Last Name (for check) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone or Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Purchase Description Event/Category to Charge\*

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_** **Total**

\*Please include Staff name for Classroom parties or 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_