

Hiteon PTC Reimbursement Form

Name _____ Date _____

Phone/Email _____ Teacher (if applicable) _____

Amount	Purchase Description and/or Committee to Charge
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	Total

ATTACH RECEIPTS TO FORM AND PUT IN TREASURER'S BOX IN PTC ROOM

*****For PTC Use*****

Budget Line _____ Date _____ Total _____ Check # _____