Hiteon PTC Reimbu	Irsement Form (2021-2022)		
Full Name (check payee):	Date of Request:		
Street Address:	Email:	Email:	
City, State ZIP Code:	Phone:	Phone:	
Signature of Payee			
Please Scan/Conv	y and Attach Receipts for All Items Purchased		
Description	Account	Amount	
		Amount	
Items purchased through the PTC remain the property of Hiteon Elementary School TOTAL			
*** Please cash checks within 30 days of receipt *** \$			
***** For PTC Use *****			
Account: Date Paid:			
Amount Paid:	Check Number:	Check Number:	