

Hiteon PTC Reimbursement Form (2022-2023)

Full Name (check payee):	Date of Request:
Street Address:	Email:
City, State ZIP Code:	Phone:

Signature of Payee

Please Scan/Copy and Attach Receipts for All Items Purchased

Description	Account	Amount

Items purchased through the PTC remain the property of Hiteon Elementary School **TOTAL**

***** Please cash checks within 30 days of receipt *****

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**** For PTC Use ****

Account:	Date Paid:
Amount Paid:	Check Number: