



## ROOM PARTY REIMBURSEMENT FORM

Hiteon PTC 2023 - 2024

Full Name (Check Payee): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Payee: \_\_\_\_\_

**YES**, I would like my check mailed to me at the address above.

**NO**, I will pick up my check from the PTC office.

**\* PLEASE SCAN/COPY AND ATTACH RECEIPTS FOR ALL ITEMS PURCHASED \***

Please cash checks within 30 days of receipt. Thank you.

AMOUNT	PURCHASE DESCRIPTION	EVENT/CATEGORY TO CHARGE
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	<b>TOTAL</b>	

**ITEMS PURCHASED THROUGH THE PTC REMAIN THE PROPERTY OF HITEON ELEMENTARY SCHOOL.**

*PTC Use Only*

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