



ROOM PARTY REIMBURSEMENT FORM

Hiteon PTC

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
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	TOTAL	

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

PTC Use Only

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