

2023-2024 REIMBURSEMENT FORM

ALL ITEMS MUST BE APPROVED BY THE PTO PRIOR TO PURCHASE.

Event: _____ Date: _____

Request Submitted by: _____

E-mail address: _____ Phone Number _____

ITEMIZED EXPENSE LIST		AMOUNT
TOTAL		

MAKE CHECK PAYABLE TO:

NAME _____

ADDRESS _____

1. Please submit all requests at the meeting following the event – requests older than 45 days from the date of the event that they were purchased for will not be accepted.
2. Please write legibly.
3. RECEIPTS: Receipts must always be attached to the request form. Please staple receipts to the form. Receipts must be original and itemized, we are unable to reimburse from proof of charge on a credit card statement.
4. Keep a copy for your records and include a copy in your report.
5. Completed forms will be collected during the monthly PTO meetings.
6. Questions? Contact HACS PTO Treasurer, Christine Pierce, at board@hoacspto.com

FOR TREASURER’S USE ONLY

Date Paid by Treasurer _____ Check # _____