



Expense Reimbursement

Make check payable to: _____

Address (if check is to be mailed):

Fundraising Activity or Budget Category: _____

Itemization of Reimbursement:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Total Reimbursement Requested: \$ _____

Signature of person requesting reimbursement

Date

*If you have several receipts for which you seek reimbursement, please itemize above and attach the receipts to this form. Receipts will not be returned; please make a copy for your records if desired.
*Our PTO Bylaws require the signatures of two of our four officers on every check; please allow up to 7 business days for reimbursement. Please contact NorthernHillsTreasurer@gmail.com if you have questions or concerns. Thank you for all that you do for the students and staff of Northern Hills!!!