

**HILLSDALE PTO
EXPENSE REIMBURSEMENT/CHECK REQUEST FORM
(PLEASE ATTACH SUPPORTING DOCUMENTATION)**

Date Submitted:

Date Needed:

Name (person check is payable to):

Name of Committee or Event:

Email address:

Description and amounts of items to be reimbursed:

Total amount to be reimbursed:

Signature:

For PTO use only:

Date Paid _____

Check # _____

Amount Paid _____

Emailed _____