

Hillsdale PTO Expense Reimbursement Form

Event: _____

Date Submitted: _____

Check payable to: _____

Email address: _____

Description and amounts of items to be reimbursed:

Total Amount to be Reimbursed: _____

Please email your reimbursement form and receipts to your committee chair no later than two weeks after your event. Committee chairs to email all reimbursement forms to Erin Taggart @ eptaggart13@gmail.com

PTO USE ONLY:

Date paid: _____

Check/ Invoice #: _____

Amount Paid: _____