

REIMBURSEMENT REQUEST  
HILLCREST PTA

Date \_\_\_\_\_

To the Treasurer:

Pay to the order of \_\_\_\_\_

Address: \_\_\_\_\_

Amount : \_\_\_\_\_ dollars and \_\_\_\_\_ cents \$ \_\_\_\_\_

Category: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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Purpose:

Itemize expenses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total \_\_\_\_\_

\* Please staple original receipts to this form prior to forwarding to the treasurer. \*

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Paid by check no. \_\_\_\_\_ Date: \_\_\_\_\_ Treasurer: \_\_\_\_\_