



Payment Authorization/Request For Reimbursement

(Attach All Receipts To This Expense Statement)

Name of Payee _____ Date _____

Title _____ Department _____

Email _____ Telephone _____

Purpose of Expenditure _____

List Expenditure

1	_____	\$	_____
2	_____	\$	_____
3	_____	\$	_____
4	_____	\$	_____
5	_____	\$	_____
Total Amount Claimed		\$	_____

Requestor Name and Signature _____

Check Delivery Method Pick up (Monthly Parent Booster Club Meeting)

Drop off (PHHS Office)

For PHHS Parent Booster Treasurer Use:

Approved/Denied Expenditure by _____ Date _____

Treasurer's Signature _____ Date _____

President's Signature _____

Check Received by _____

Check Number _____

Date _____