Parent Teacher Partnership
P.O. Box 173
Highland Falls, NY 10928
Email: hffmptfk8@gmail.com

REQUEST FOR REIMBURSEMENT / DIRECT PAYMENT FORM

Please fill out form completely and attach all receipts and/or supporting information

Date of Request:	
Name:	
Phone #:	
Purpose:	

Approved Budget Amount:	
Date of Meeting Approved:	
Event Chairperson:	

Total Amount Spent:				
Receipt(s) Attached (Check one):	☐		☐	

FOR TREASURER ONLY

DATE OF REIMBURSEMENT: _____ AMOUNT: $_____ CHECK #: _____

SIGNATURE OF TREASURER: _____

CHECK REC'D BY REQUESTOR: **REQUESTOR'S INITIALS: _____** **DATE CHECK RECEIVED: _____**