



## 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)

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### **For PHHS Parent Booster Treasurer Use:**

Approved/Denied Expenditure by \_\_\_\_\_ Date \_\_\_\_\_

Treasurer's Signature \_\_\_\_\_ Date \_\_\_\_\_

President's Signature \_\_\_\_\_ Check Received by \_\_\_\_\_

Check Number \_\_\_\_\_

Date \_\_\_\_\_