

2017-2018 HHS PTO

Expense Reimbursement/Check Request/Request for Cash Box and or Change

- Please complete ALL INFORMATION requested below and attach back-up original receipts/invoices to this form. If the payment is needed in advance, receipts must be submitted within 30 days.
- **The original receipt, in its entirety, must be attached, including the merchant, date, items purchased and amounts. Should any personal items be on the same receipt, please cross out and show the total amount to be reimbursed.**
- Send this form to the HHS PTO Treasurer Jane McGrath, place in the PTO Mailbox in the HHS Office, or mail to Jane at 28 Tower Brook Road, Hingham, MA 02043.
- Please allow 14 business days for reimbursement or bill payment.
- Please allow 7 days for cash box and or change request for an event
- **Payment requests in excess of program budget must be approved in advance by PTO Executive Board.**
- You will be notified by the Treasurer when check is available for pick-up in the PTO Mailbox.
- All requests for expense reimbursement and payment to vendors must be received by the end of the school year. **All payments will be made by June 30 of the school year.**
- Please e-mail Jane McGrath at kevin_jane@hotmail.com with any questions.

Person Making Request:

Name: _____ Date: _____

E-Mail Address: _____ Tel. # _____

Grade/Specialist: _____

Committee: _____

Description of Expense: _____

Amount/Denominations needed (if requesting coins/bills and cashbox):

Payment Type: Circle one

- **Check Mailed to Vendor/Payee**
- **Debit card to vendor**
- **Picked up in PTO Mailbox**

Vendor/Payee (please include complete information as payment will be mailed) :

Name: _____

Mailing Address: _____

Telephone: _____

Date Payment/ Cash Box / Change Needed: _____

OFFICE USE ONLY:

Date: _____ ID No. _____

Amount \$ _____

Expense Account _____