



Reimbursement Request Hillside Elementary School PTO

Put completed form in the PTO mailbox located in front office. Email treasurer@hillsidehawkspto.org with questions.

Date: _____ Name: _____ Phone: _____

Email: _____ Amount: _____ Pay To: _____

Purpose of Funds Being Reimbursed (Be Specific): _____

Who to Return Check to: _____ Delivery Method: Mail Pickup from office

Address if being mailed: _____

Person Completing Form: _____ Signature: _____

Note: Attach all receipts and other applicable supporting documentation (i.e. purchase orders, contracts, etc.) to this form

For Treasurer's Use Only

Date Paid: _____ Check #: _____ Category: _____



Income/Deposit Hillside Elementary School PTO

Put completed form in the PTO mailbox located in front office. Email treasurer@hillsidehawkspto.org with questions.

Date: _____ Person Completing Form: _____ Total Amount: _____

Cash: _____ Credit: _____ PayPal: _____ Check: _____ Direct Deposit: _____

- Cash amount must be confirmed by both a committee person and PTO officer.
- For checks, please attach a list of check numbers, names and amounts.
- For online payments, please attach a list or print-out of names and amounts.

Cash Amount Confirmed By (if applicable): _____

Received From: _____
(Event or person(s) money came from)

Purpose of Income: _____

For Treasurer's Use Only

Date Deposited: _____ Reference #: _____ Category: _____