



## 2023-24 Expense Reimbursement Form

Email completed form to [info@fundforpps.org](mailto:info@fundforpps.org)

School Name: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Requester Name

\_\_\_\_\_  
Requester Signature

**Note: The above is to be filled out and signed by the person who will be *receiving* payment. Original receipts are required. If the check request amount is \$5,000 or greater, the principal must be one of the signers.**

| Purchase Date | Vendor | Description | Amount | Name of Fundraising Event |
|---------------|--------|-------------|--------|---------------------------|
|               |        |             |        |                           |
|               |        |             |        |                           |
|               |        |             |        |                           |
| <b>Total:</b> |        |             |        |                           |

**Note: Two signatures are required. The person receiving the reimbursement may NOT also sign below.**

\_\_\_\_\_  
Treasurer or Principal Signature

\_\_\_\_\_  
Chair or Principal Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

| For Fund for Portland Public Schools Office Use Only |  |              |  |
|--|--|--------------|--|
| <b>Received by:</b>                                  |  | <b>Date:</b> |  |
| <b>Approved by:</b>                                  |  | <b>Date:</b> |  |