

Friends of Placer High School

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Reimbursement Request

Date: \_\_\_\_\_

Function: \_\_\_\_\_

Payable to: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount: \_\_\_\_\_

Brief Description: \_\_\_\_\_

Chair Approval: \_\_\_\_\_

Email approval is acceptable.

This form may be emailed to Marianne [phs@ellner.org](mailto:phs@ellner.org) with copies of receipts or placed in the FOPHS box for pick up.

**Reimbursement checks will be placed in FOPHS box within one week of receipt by the Treasurer.**

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Treasurer Info: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Expense Category: \_\_\_\_\_