

Friends of Placer High School

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 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.

Treasurer Info: _____

Date Received: _____

Date Paid: _____ Check #: _____

Expense Category: _____