



INDIAN HILLS HIGH SCHOOL

Parents, Teachers and Students Organization (PTSO)

97 Yawpo Avenue, Oakland, NJ 07436

CHECK REQUEST/EXPENSE REIMBURSEMENT FORM

Committee: _____ Date: _____

Event: _____ Event Date: _____

Committee Chairperson: _____

Check payable to (print name): _____

Address: _____

Contact info (email or tel.): _____

Expense Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Reimbursement Amount	=====

Please make a copy for your records.

Completed form along with receipts/invoices can be dropped off in the PTSO’s mailbox in the school’s front office or mailed to Kathy O’Neal at 5 Hilltop Lane, Oakland NJ 07436.

*****Original receipts and invoices MUST accompany this form.*****

Questions? Contact Kathy O’Neal at ihhsptsotreasurer@gmail.com or (551) 500-7479.

For PTSO Use Only

Date	_____
Check#	_____
Amount	_____