Portland Public Schools Foundation

a division of all hands raised

Expense Reimbursement Form

Questions: Contact Wendy Tworivers at wendy@allhandsraised.org, 503-234-5404.

School Name: _____

Check Payable To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

_____ _____

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.

Purchase Date	Vendor	Description	Amount	Name of Fundraising Event
		Total		

Note: The person receiving the reimbursement may NOT also sign below.

_____ _____

Treasurer or Principal Signature Chair or Principal Signature

_____ _____

Printed Name Printed Name

_____ _____

Date Date

PPSF Approval: _____

Date: _____