

Portland Public Schools Foundation

a division of **all hands raised**



Expense Reimbursement Form

Questions: Contact Rosemary Schwimmer at rosemary@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: _____