



2018-19 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: Two signatures are required. 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: _____

† 503-234-5404 f 503-234-5402 www.allhandsraised.org 2069 NE Hoyt Street, Portland, Oregon 97232

All Hands Raised provides fiscal oversight and program management services for the Portland Public Schools Foundation.