

**Expense  
Reimbursement Form**  
*fiscal year 2019*

PETERS TOWNSHIP  
HIGH SCHOOL  
SOCCER  
BOOSTERS



Make check payable to \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Expense Description:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
<i>total</i>	\$ _____

Signature \_\_\_\_\_

date \_\_\_\_\_

Submit this form *with receipts* to **PTHS Booster Treasurer:**

Carrie Martik  
176 Springdale Road  
Venetia, PA 15367

*For Treasurer's Use*

check # \_\_\_\_\_ amount \$ \_\_\_\_\_ date paid \_\_\_\_\_

account: \_\_\_\_\_ signature \_\_\_\_\_