

Petaluma High School
ASB Expense Reimbursement

(original receipts must be attached)

Date: _____

Name of Club: _____

PO#: _____

Purpose: _____

Check payable to (Name)*: _____

Address: _____

Phone: _____

Email Address: _____

List of Receipts (Must be original, itemized receipts without any personal items.) **Amount**

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Signature: _____

**All orders must be delivered to PHS. Any online receipts must have your name and the last 4 numbers of your credit card in the billing information in order for you to be reimbursed.*

APPROVALS:

Student Officer: _____

Club Advisor: _____

Principal: _____

Office Use Only

Received By: _____

Date: _____