



## HTHM PARENT ASSOCIATION

### Check Requisition Form

Attach all receipts to upper right corner of this form

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TOTAL REQUESTED: \$ \_\_\_\_\_ (use separate forms for unrelated claims)

Reason for reimbursement (be specific): \_\_\_\_\_

EVENT (if applicable): \_\_\_\_\_

Special instructions (IF ANY): \_\_\_\_\_

PAYEE (NAME ON CHECK): \_\_\_\_\_

Address: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please notify Treasurer for Reimbursement of funds.  
Questions? CONTACT – Lisa or Aurora at [hthmpa.treasurer@gmail.com](mailto:hthmpa.treasurer@gmail.com)

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#### **To be completed by treasurer**

Amount Reimbursed: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expense applied to: \_\_\_\_\_