



SENIOR NIGHT

CLASS OF 2019

EXPENSE REIMBURSEMENT / CHECK REQUEST

- Please complete this form in its entirety and attach applicable back up (receipts/invoices/contracts).
- Check the appropriate budget allocation and provide a description of expense
- After obtaining subcommittee chair approval (definitely for decorating), please forward to Stacy Havens, Senior Night 2019 Business Chair by (1) dropping at or mailing to 5 West View Circle, Hingham; (2) dropping it in the Senior Night 2019 box in the HHS main office; or (3) scanning and emailing to stacy.sendoutcards@gmail.com
- Please allow 14 days for reimbursement or bill payment. Rush requests can sometimes be met.
- Please e-mail stacy.sendoutcards@gmail.com if you have any questions.

Person Making Request: _____ **Date:** _____
Email Address: _____ **Phone:** _____

Amount needed: \$ _____ **Description of expense:** _____

Vendor/Payee Name: _____
Mailing Address: _____

Telephone: _____

Payment type (circle one): check mailed to payee debit card payment pick up from Senior Night box

Budget:

- | | |
|--|--|
| _____ Decorating: Cafeteria | _____ Entertainment |
| _____ Decorating: Boys Bathroom | _____ Food (including Candy Bar) Gifts |
| _____ Decorating: Girls Bathroom : | (seniors' "party favors") Insurance |
| _____ Decorating: Hallway | _____ Police / Fire |
| _____ Decorating: Memory Wall | _____ Raffle |
| _____ Decorating: Senior Portrait Wall | _____ Thank you (follow-up expenses) |
| _____ Other/Miscellaneous (describe): | |

Date Payment NEEDED: _____

Subcommittee approval: _____ **Date:** _____

Business Chair approval: _____ **Date:** _____

NOTE: After approving the Business Chair will submit your request directly to the HHS PTO Treasurer for processing.