



Portland Schools Foundation

Expense Reimbursement Form

Expenses will not be reimbursed if they cannot be connected to a budget.

School: _____

Check Payable To: _____

Date	Vendor	Description	Category	Budget	Amount

TOTAL

Requesting Party Signature

Printed Name

Date

Address: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

Authorization:

Treasurer Signature

Chair Signature

Printed Name

Printed Name

Date

Date

**Both signatures are required for approval.
ORIGINAL receipts are required for payment.**