

**Portland Schools Foundation Reimbursement Form**

Name: \_\_\_\_\_

Local School Foundation: GLENCOE

Street: \_\_\_\_\_

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

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

Date	Vendor	Description	Expense Code*	Amount
<b>TOTAL:</b>				

\* Please fill in if known. Leave blank if you are unsure of coding.

Requesting Party Signature: \_\_\_\_\_

Project Director Signature: \_\_\_\_\_

**REIMBURSEMENTS WILL BE HONORED ONLY IF RECEIPT IS ATTACHED**

~ Office Use Only ~

**Check Reimbursement:**

**Petty Cash Reimbursement:**

Amount	Date Posted

Amount	Date

By: \_\_\_\_\_