



Hathaway Parents Association

HOWARD W. HATHAWAY SCHOOL

## Request for Reimbursement

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

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

Please write your name as you would like the check to be written.

**\*\*Please Note: All receipts MUST be attached to this form to receive reimbursement.**

HPTA Event/Program	Vendor/Store	Description	Amount
Total reimbursement amount:			