



**FISHERS HIGH SCHOOL
S.T.R.I.P.E.S PTO**

REIMBURSEMENT REQUEST

REQUEST DATE: _____

REQUESTOR'S NAME: _____

TELEPHONE NUMBER: _____

MAKE CHECK PAYABLE TO: _____

AMOUNT REQUESTED: _____

COMMITTEE/REASON FOR REQUEST: _____

ATTACHED ORIGINAL BILL OR RECEIPT OF ITEMS PURCHASED:

IF CHECK IS TO BE MAILED TO THE REQUESTOR OR VENDOR, PLEASE
COMPLETE ADDRESS INFORMATION BELOW:

NAME: _____

ADDRESS: _____

Mail reimbursement request to:
Susan McAllister
13928 Charleswood Court
Fishers, IN 46038

Or email copy of receipts (please place original documents in PTO box at FHS) and
request to susanmcallister1@comcast.net