



# Dublin High School Parent Faculty Student Organization (PFSO)

## Reimbursement Authorization Form

Fill out this form completely and attach all supporting receipt(s) and/or invoices(s)

Date: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail to address below  Place in my staff mailbox

Mailing address for reimbursement check: \_\_\_\_\_

**NOTE: Requests involving expenditures beyond a program's budget must be approved by DHS PFSO Board**

Details/Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount requested: \$ \_\_\_\_\_

For PFSO use:

Within the Budget: \_\_\_\_\_ Approval needed by PFSO Board: \_\_\_\_\_

PFSO Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PFSO Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Check Amount \$ \_\_\_\_\_