

# Expense Reimbursement Form

*fiscal year 2025*

PETERS TOWNSHIP  
HIGH SCHOOL  
SOCCER  
BOOSTERS



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

Address \_\_\_\_\_

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

Expense Description:

Amount:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

*total* \$ \_\_\_\_\_

Signature \_\_\_\_\_

date \_\_\_\_\_

Submit this form *with receipts* to **PTHS Booster Treasurer:**

Melissa Malloy, 318 Bridle Trail, Venetia, PA 15367  
PTHSSoccerTreasurer@gmail.com

*For Treasurer's Use*

check # \_\_\_\_\_

amount \$ \_\_\_\_\_

date paid \_\_\_\_\_

account: \_\_\_\_\_

signature \_\_\_\_\_