

**Expense
Reimbursement Form**
fiscal year 2026

PETERS TOWNSHIP
HIGH SCHOOL
SOCCER
BOOSTERS



Make check payable to _____

Address _____

City, State, Zip _____

Expense Description:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
<i>total</i>	\$ _____

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 _____