

**INDIAN HILLS HIGH SCHOOL
PARENT ATHLETIC COMMITTEE (PAC)
CHECK REQUEST/EXPENSE REIMBURSEMENT FORM**

Event: _____ Date: _____

Chair/Coach: _____

Description:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payable to: _____

Address: _____

Contact info (email or tel.#): _____

Total Amount Due: _____

Athletic Director Approval _____ Date: _____

Please make a copy. Submit original to the PAC Treasurer.

*****RECEIPTS AND INVOICES MUST ACCOMPANY THIS FORM*****

Questions?

Contact Treasurer at IHHSPACTREASURER@GMAIL.COM

Do not Write in This Space

Date	_____
Check #	_____
Amt.	_____

For PAC Use Only