

Archway Academy North Phoenix - PSO EXPENSE REIMBURSEMENT

PSO Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

Attach original receipts or invoices in support of expenses.  
No expenses will be reimbursed without documentation.

Date of Purchase	Event	Description of Purchase	Amount paid

Total \$ \_\_\_\_\_ -

Please select how you want your check delivered ☐ Mail ☐ Pick Up at ANP Front Office

For mail delivery, please provide mailing address:

Date \_\_\_\_\_ Treasurer approval \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_