



PTHS Thespian Backers Expense Reimbursement Form

2026-2027

Date: _____ Form Submitted By: _____

Event Date: _____ Event Name: _____

Expense Description: _____

Amount to be Reimbursed: _____

Make Check Payable To: _____

Address to Mail Check:

Phone and/or Email: _____

Receipts must be attached to this form and submitted to the Treasurer within one month of the conclusion of the activity for reimbursement. Please retain a copy of your receipts until you are reimbursed.

Please mail form and receipts to:

Matt Henderson
348 Rocky Ridge Road
Bethel Park, PA 15102

To Be Completed by Treasurer

Date Received: _____ Date Paid: _____

Check # _____ Delivery Method: _____ Hand _____ Mailed

Budget Category: _____

Date Delivered/Mailed: _____