

# North Hills Art Center Expense Reimbursement Form

Name: \_\_\_\_\_

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

Purpose/Event: \_\_\_\_\_  
 \_\_\_\_\_

Was the NHAC's PA Sales Tax Exemption Certificate Used?

Yes or No

**Itemized Expenses:**

Date	Store and Description	Amount
<b>Total Reimbursement</b>		

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Approved by