

PTA Reimbursement Voucher

Payable to _____ Date needed: _____

Email : _____ Phone: _____

Check requester: _____ Date _____

Account to Debit: _____ Invoice # _____
(If your invoice reflects more than one account, please identify each and amount that should be deducted from each.)

Item	Place of Purchase	Amount
	Total:	

(Receipts should be attached and sales tax will not be reimbursed)

Treasurer's Notes:

Date Invoice Received: _____ Date Approved: _____ Paid: _____

Check Number: _____ Amount of Check: _____

Chairman's
Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)