

PTA REIMBURSEMENT VOUCHER

Payable to: _____ Date needed: _____
 Address: _____ 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:

Remarks:

Date Invoice Received: _____ Motion: _____
 Date Approved: _____ Paid: _____
 Check Number: _____
 Amount of Check: _____

Chairman's Authorization: _____
 Treasurer's Signature: _____
 President's Signature: _____

Attach receipt(s)