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 *Sales tax is not reimbursable	Budget Item to be Charged

Total Reimbursement $_____ *Staple all receipts to back of voucher

Submitted By: _____

Phone #: _____

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

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Treasurer's Notes:

Invoice Received: _____ Accounts Charged:

Check Date: _____

Check #: _____

Amount: _____