

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.)

Account: _____ Amount: \$ _____

Item	Place of Purchase	Amount
	Total:	\$ _____

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

Treasurer's Notes:
Date Invoice Received:
Plan of Work: _____ Motion: _____
Date Approved: _____ Date Paid: _____
Check Number: _____
Amount of Check: _\$ _____

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)