

PTA Reimbursement Voucher

Payable to: _____

Contact me: Text Email Mail Check

Address: _____

Phone: _____

Check requester: _____

Email: _____

Date Submitted: _____

Date needed: _____

Activity/Event: _____

(If your invoice reflects more than one event, 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: _____

Plan of Work _____ Motion: _____

Date Approved: _____ Paid: _____

Check Number: _____

Amount of Check: _____

Remarks:

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

**DON'T
FORGET THE
RECEIPTS**