

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:
Plan of Work	Motion:
Date Approved: _____ Paid:	
Check Number:	
Amount of Check:	

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

Attach receipt(s)