

# 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:  
 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: \_\_\_\_\_

**Attach receipt(s)**