

# 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)