

PTA REIMBURSEMENT VOUCHER

Payable to: _____ Date needed: _____

Address: _____ Phone: _____

_____ Date: _____

Account to Debit: _____
(If your invoice reflects for than one account, please identify the account next to the amount below)

Item	Place of Purchase	Amount	Account <small>(if different than account above)</small>
Total:			

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

Remarks:

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Treasurer's Notes:

Date Received: _____

Plan of Work: _____

Motion: _____

Date Approved: _____

Date Paid: _____

Check Number: _____

Amount of check: _____