

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 to be deducted from each.)

Item	Place of Purchase	Amount
	Total:	

(Receipts are 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:

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

Attach receipt(s)
—SAMPLE—