

PTA Reimbursement Voucher/Check Request

Payable to: _____ Date Needed: _____

Address: _____ Phone: _____

Check Requester: _____ Date: _____

Event: _____

Item	Place of Purchase	Amount
	Total:	\$

(Receipts should be attached. Sales tax will NOT be reimbursed.)

Chair Authorization (if applicable): _____

Treasurer's Signature: _____

President or President Elect's Signature: _____

Treasurer's Notes	
Date invoice rec'd:	_____
Date approved:	_____
Check #:	_____
Amount of Check:	_____
Date Check Mailed:	_____