

# PTA Reimbursement Voucher

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check requester: \_\_\_\_\_ Date: \_\_\_\_\_

Account to Debit: \_\_\_\_\_

(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:	

(Sales tax will not be reimbursed)

Treasurer's Notes:

Invoice Received: \_\_\_\_\_

Plan of Work: \_\_\_\_\_ Motion: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Remarks: