

Herrick PTA Reimbursement Voucher

Please complete this form and place it in the PTA Treasurer's mail folder in PTA crate in the school copy room.

A check will be placed back in the Treasurer's folder for you to pickup unless you have included a self-addressed, stamped envelope for mailing. Please allow 10 days for your check to be processed. Thank you!

Check requester: _____ Herrick Teacher? YES / NO
 Email: _____ (check will be placed in teacher mailbox)
 Date of request: _____ Phone #: _____

Payable to (if different than requester): _____

Address (if check is to be mailed): _____
(Must include self-addressed, stamped envelope unless the check is to a vendor)

Account/PTA Committee to Charge: _____

PLEASE CHOOSE FROM LISTED ACCOUNTS/COMMITTEES IN FRONT OF THE TREASURER FOLDER

Reason for expense: _____

(if this voucher reflects more than one account, please identify each and the amount that should be deducted from each account.)

Item Description	Place of Purchase	Amount (\$)
Total (\$):		

SALES TAX CANNOT BE REIMBURSED. PLEASE DO NOT INCLUDE SALES TAX IN REQUESTED AMOUNT.

Receipts are required. Please attach receipts with PAPER CLIP or TAPED TO BACK OF REQUEST (NO STAPLES).

Treasurer's Notes:	Remarks:
Date Voucher received:	
Date Approved: Date Paid:	
Check #:	
Amount of Check (\$):	
Date Delivered:	Delivery Method: Teacher Box / PTA Folder / Mail Other:

Treasurer's Signature: _____

Contact Treasurers: Laurie Siebert, LTwite21@gmail.com or Ellen Paul, Eob1@comcast.net