

# 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 (\$)
<b>Total (\$):</b>		

**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: Ellen Paul, Eob1@comcast.net or Monique Alexander, monique81284@yahoo.com