

# PTA Reimbursement Voucher

PLEASE complete form and place in the Treasurer's mail folder.

Check will be placed in committee folder, unless you have included a self-addressed stamped envelope for mailing. THANKS!

Questions to Treasurers: Angie Erickson [angiemac\\_98@yahoo.com](mailto:angiemac_98@yahoo.com) or Kerry Sharpee [ksharpee@hotmail.com](mailto:ksharpee@hotmail.com)

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

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

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

Check requester: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_ Date: \_\_\_\_\_

Account or Committee to Charge: \_\_\_\_\_ Invoice #: \_\_\_\_\_

*(If your invoice reflects more than one account, please identify each and amount that should be deducted from each.)*

ITEM DESCRIPTION	PLACE OF PURCHASE	AMOUNT
<b>TOTAL:</b>		

**(Receipts should be attached and sales tax will not be reimbursed)**

<b>Treasurer's Notes:</b>	<b>Remarks:</b>
Date Invoice Received: _____	
Date Approved: _____ Paid: _____	
Check Number: _____	
Amount of Check: _____	

**TREASURER'S SIGNATURE**