

REIMBURSEMENT VOUCHER \_\_\_\_\_ PTA

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PTA BOARD POSITION \_\_\_\_\_

ITEM	PURPOSE OF EXPENDITURE	AMOUNT
	TOTAL	

ATTACH ALL RECEIPTS TO BACK OF VOUCHER.

REMARKS:

(Check one)

Reimbursement Requested \_\_\_\_\_

Tax Credit Requested \_\_\_\_\_

Signature \_\_\_\_\_

Treasurer's Notes		
Receipts Received: _____		
Date Paid: _____	Check Number: _____	Amount: _____
Treasurer's Initial _____		