

PTA Disbursement Voucher

Name: _____

Address: _____

Telephone Number: _____

Date of request: _____ Date check needed: _____

Make check payable to: _____

Account to be debited: _____

(If your invoice reflects more than one account, please identify each and the amount that should be deducted from each). Remember to use the exemption certificate when purchasing items for PTA use. Sales tax is *not* reimbursed.

Item	Place of Purchase	Amount

Total \$ _____

Remarks:

<p>Treasurer's Notes:</p> <p>Invoice Received: _____</p> <p>Date Paid: _____</p> <p>Check Number: _____</p> <p>Amount: _____</p>

Attach Receipts (s)