

# PTA Reimbursement Voucher

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Check requester: \_\_\_\_\_ Date: \_\_\_\_\_  
 Account to Debit: \_\_\_\_\_ Invoice # \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

Item	Place of Purchase	Amount
	Total:	

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

Treasurer's Notes:  
 Date Invoice Received: \_\_\_\_\_  
 Plan of Work \_\_\_\_\_ Motion: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_ Paid: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Amount of Check: \_\_\_\_\_

Remarks:

Chair's Authorization: \_\_\_\_\_  
 Treasurer's Signature: \_\_\_\_\_  
 President's Signature: \_\_\_\_\_

**Attach receipt(s)**  
**—SAMPLE—**