

## PTA REIMBURSEMENT 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 *should not* be reimbursed.

Item	Place of Purchase	Amount

Total \$                     

Remarks:

  

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**Treasurer's Notes:**

Invoice Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Category: \_\_\_\_\_

**Attach Receipt(s)**