

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 that should be deducted from each.)

Do you want this check to be payable to: YOU _____ or to the VENDOR _____

Item	Place of Purchase	Amount
	Total:	

(Receipts should be 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:

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)!!!

After Chair has signed,
 Please email Treasurer Meredith Moore
 mericmoore@gmail.com
 to let her know request is at school.
 Requests may be dropped off at the Treasurer In/Out Box in the CSA office
Please allow several days for processing!