

PTA Check Request and 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.)

| Item | Place of Purchase | Amount |
|------|-------------------|--------|
| | | |
| | | |
| | | |
| | Total | |

(Receipts and/or Plan of Work should be attached; sales tax will not be reimbursed)

Additional Remarks:

| |
|---|
| <p><u>Treasurer's Notes:</u></p> <p>Date Invoice Received: _____</p> <p>Plan of Work _____ Motion: _____</p> <p>Date Approved: _____ Paid: _____</p> <p>Check Number: _____</p> <p>Amount of Check: _____</p> |
|---|

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)