

REIMBURSEMENT VOUCHER

SCRIBNER ROAD PTA

Name: _____

PTA or Staff Position: _____

Budget Category: _____

Phone: _____

E-Mail Address: _____

Child's name/Teacher: _____

Date: _____

Item	Purpose	Amount
		\$
		\$
		\$
		\$
		\$
	Total:	\$

Note: Attach all receipts to back of voucher.

PTA cannot reimburse sales tax paid. Please use Tax Exempt Form when making purchase.

Please make check payable to: _____

The funds are needed by the following date: _____

Treasurer's Notes:

Receipts/Invoices Received: _____

Date Paid: _____ Check #: _____ Amount: _____

Budget Category: _____

Budget Category: _____

Budget Category: _____