PTA REIMBURSEMENT VOUCHER

Name _____

Address _____

Telephone Number _____

Date _____

Account to be debited _____
(If your invoice reflects more than one account, please identify each and the amount that should be deducted from each.)

ITEM	PLACE OF PURCHASE	AMOUNT

TOTAL $ _____

Remarks _____

_____

_____

_____

_____

Treasurer's Notes

Invoiced Received: _____
Date Paid: _____
Check Number: _____
Amount: _____