**PTA REIMBURSEMENT VOUCHER**

**(Tax ID # 75-2304430)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payable To:** |  |  | **Date:** |  |
| **Address** |  |  | **Phone:** |  |
| **Check Requester:** |  |  |  |  |
| **Committee Account to Debit:** |  |  |  |  |
| (If your invoice reflects more than one account, please identify each and the amount that should be deducted from each.) | | | | |

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| --- | --- | --- | --- |
| **Committee** | **Item** | **Place of Purchase** | **Amount**  **(excluding sales tax)** |
|  |  |  |  |
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|  |  |  |  |

**(Receipts should be attached and sales tax will not be reimbursed)**

**Additional Comments:**

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| **Committee Chair Authorization:** |  |
| **Treasurer Signature:** |  |
| **President Signature:** |  |