

# PTA REIMBURSEMENT VOUCHER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

On Plan of Work? Yes \_\_\_ No \_\_\_ If No, approved by \_\_\_\_\_ \*

Budget Category \_\_\_\_\_

Opening Budget Balance \_\_\_\_\_ Amount Requested \_\_\_\_\_ Closing Budget Balance \_\_\_\_\_

If for Room Parent: Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

Item Purchased	Reason	Place Purchased	Amount **
Sub-Total From Above			
Total From Back			
Total Required			

**REMEMBER: 1) Tax Cannot Be Reimbursed 2) Attach Original Receipts**

**FOR TREASURER USE:**

Date Voucher Rec'd \_\_\_\_\_ Date Voucher Paid \_\_\_\_\_

Budget Category \_\_\_\_\_ Sub-Category \_\_\_\_\_

Check Number \_\_\_\_\_ Check Amount \_\_\_\_\_

Treasurer's Notes: \_\_\_\_\_  
 \_\_\_\_\_

\* Items not on a plan of work must be approved by the President, VP-Budget/Finance or Treasurer prior to submission of voucher. This can be done via telephone. If the amount was approved in a motion, please note the motion number in the "approved by" blank.

\*\* Tax cannot be reimbursed -- get a tax exempt form from the Treasurer BEFORE making purchases.