

# Reimbursement Voucher

## Birch Lane PTA

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

PTA Position: \_\_\_\_\_

Item	Purpose of Expenditure	Amount

*\*Please attached all receipts*

**Total Due \$**

Signature: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

<p><u>Treasurer's Notes</u></p> <p>Receipts Received: _____</p> <p>Date Paid: _____ Check Number: _____ Amount: _____</p> <p>Treasurer's Initial: _____</p>
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