

DUTCH HILL PTA REIMBURSEMENT VOUCHER

Requests for reimbursement must be submitted within 30 days of the event or activity.

ORIGINAL RECEIPTS OR INVOICES MUST BE ATTACHED TO THIS FORM.
 If there are no receipts, there can be no reimbursement.

Requested by: _____
 Payable to: _____
 Date of Request: _____
 Date Needed: _____
 Amount Requested: _____
 Name of activity (budget item): _____
 Signature: _____

Indicate where check should be sent (check one):

Put in my box at school
 Kid mail: Child's name _____ **Teacher name** _____
 Mail to: _____

Date	Vendor/Supplier	Description	Amount
TOTAL			

FOR TREASURER'S USE ONLY

Date received: _____
 Reimbursement made to: _____
 Check Number: _____
 Check Amount: _____
 Budget Line Item: _____