

# THES PTA REIMBURSEMENT VOUCHER

Check Payable To: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
 Check Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Account to Debit: \_\_\_\_\_ Event: \_\_\_\_\_

Item	Place of Purchase	Amount
	Total:	

(Receipts should be attached. Sales tax will not be reimbursed)

Treasurer's Notes:

Budget balance as of \_\_\_\_\_ is  
 \$\_\_\_\_\_.

PAID \$ \_\_\_\_\_

Check date \_\_\_\_\_

Check # \_\_\_\_\_

Chairman's Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
 Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_