SME PTA REIMBURSEMENT VOUCHER

Payable to: _____ Date Needed: _____

Address: _____ Phone: _____

Check Requester: _____ Date: _____

Account to Debit: _____ Invoice #:_____

(If your invoice reflects more than one account, please identify each amount that should be deducted from each account.)

Account: _____ Amount: _____ Account: _____ Amount: _____

Account: _____ Amount: _____ Account: _____ Amount: _____

Place of Purchase	Item	Amount
		Total:

(Receipts should be affixed to separate paper and attached to this voucher. Sales tax will not be reimbursed)

PRINT VOUCHER

Treasurer's Notes

Date Invoice Received: _____

Date Approved: _____

Date Paid: _____

Check Number: _____

Amount of Check: _____

Remarks:

Principal's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

All Teacher/Staff reimbursement vouchers must be approved by the Principal and submitted within 30 days of receipt purchase/invoice **Attach receipt(s) – Sales tax will not be reimbursed**