

PTA PAYMENT/REIMBURSEMENT VOUCHER

Date Submitted:

Payable to:

Your Phone #: ()

Address to send Check to:

Voucher Submitted by (if different than payee):

Mail check to address above

Call me when check has been processed

Send check home with my child

PTA PURCHASES

Please list the retailer (Wal-mart, Sam's Club, etc.), a general description of the items purchased (poster board, pizzas, etc.), and the total amount being submitted for payment. List each receipt separately. If this is an invoice that our Treasurer should mail directly to the merchant, please note that in the Remarks section below (write, "mail to merchant").

Place of Purchase	Items	Amount
		\$
		\$
		\$
		\$
		\$
Total		\$

PTA ACCOUNTS

Please list the PTA accounts/budget line items to be debited (Teacher Account, International Festival, etc.). The Committee Chairperson responsible for each budgeted account must authorize the expenditure below before the payment can be provided.

The PURCHASE total above must equal the ACCOUNTS total below.

Account to be debited	Chairperson's Signature	Amount
		\$
		\$
		\$
		\$
Total		\$

Co-Treasurers: Becky Turner (reimbursements, invoices, deposits).....rebecca.s.turner@gmail.com phone: (608) 234-7875

Tricia Davis (accounting, reporting).....siasdavis@mindspring.com phone: (843) 307-5290

Remarks:

Receipts are required for PTA tax reporting purposes and will not be processed without them.

PTA Use:

Date Received: ___/___/___ Date Paid: ___/___/___ Check #: _____ Check Amount: \$_____