

REIMBURSEMENT VOUCHER FOR THE TESAGO PTA

Name of Person Requesting Payment: _____

Telephone #: _____

Make Check Payable to: _____

Amount of Check: _____

_____ Mail Check to: _____

_____ Send Check Home With My Child: _____ Teacher's Name: _____

(Write your child's name here)

Child's Grade: _____

PTA Account to be charged: _____

Description of Expenses: *(In the space below please describe items purchased and purpose for expenditure.)*

Description of Expenditures	Amount
TOTAL Check Amount:	

IMPORTANT: PLEASE ATTACH ALL RECEIPTS TO THIS VOUCHER. (ORIGINALS PLEASE)

For Treasurer's Use Only

Receipts Received: _____ Date Paid: _____

Check Number: _____ Amount of Check: _____

Treasurer's Initials: _____