

PTA PAYMENT/REIMBURSEMENT VOUCHER



Payable to: _____ Date: _____

Address: _____ Phone: _____

Child's name: _____ Teacher: _____

Voucher submitted by (if different than payee): _____

- Mail check to address above
 Leave check in my PTA folder
 Send check home with my child

PTA PURCHASES

Please list each retailer (Office Depot, Sam's Club, etc.), a general description of the items purchased (poster board, cookies, etc.), and the total amount being submitted for payment. List each receipt separately. If this is an invoice that your Treasurer should pay directly to the merchant, please note that in the Remarks section below.

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

PTA CATEGORIES

Please list the PTA categories or budget line items accounts to be debited (Hospitality, Membership, Fundraising, etc.) The Committee Chairperson responsible for each budgeted account must authorize the expenditure below before the payment can be approved. The PURCHASE total above must equal the CATEGORIES total below.

Account to be Debited	Chairperson Signature	Amount
		\$
		\$
		\$
		\$
Total		\$

- Use Tax-Exempt Form when making purchases intended for resale.
- **Attach all copies of receipts, purchase orders, invoices, or bills to the back of this form.** Receipts are *required* for PTA Financial Review and tax-reporting purposes.
- Return completed forms to the PTA Treasurer.
- Please allow two weeks for voucher to be received, approved, and processed for payment.

Remarks: _____

Treasurer's Notes:

Date rec'd: ___/___/___ Date paid: ___/___/___ Chk number: _____ Chk amount: \$_____