

PTA
REIMBURSEMENT/CHECK
REQUEST VOUCHER

Date requested: _____ Date needed: _____

Line Item/Committee to be charged: _____

Check payable to: _____

Address (if needed): _____

___ Original Budget Line Item

___ Amended Budget Line Item/Approved by Membership on _____

Amount of check: _____

Event, program, project supported: _____

Signature of person making request

Receipt/Invoice attached: ___ Yes ___ No

**Reminder: Receipts are needed for audit documentation

Approval of PTA President: _____

(For Treasurer's use only)

Check # _____ Date Paid _____

Budget Line Item/ Committee Charged: _____

Notes: