

Schell Elementary PTA

Reimbursement Voucher

Fill out completely, attach receipt(s) and obtain President's signature before placing in the Treasurer's folder. Please allow 1 week to process. All checks will be put in your folder unless otherwise requested.

Date: _____

Name: _____

Make check payable to: _____

Folder in PTA room: _____

Or, Address to Send Check: _____

| Acct to debit* | Item | Place of Purchase | Amount |
|----------------|------|-------------------|--------|
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total: \$ _____

***Please note:** A check cannot be issued if there are not sufficient funds remaining in the account(s) specified.

Chairman: _____
(Signature)

Approval by: _____
President, Schell PTA

Received by: _____
Treasurer, Schell PTA

| | |
|------------------------------|------------------------------|
| Treasurer Notes: | |
| Receipt Rec'd.: yes no | Date Paid: _____ |
| Check # _____ | Initial Acct. Balance: _____ |
| Amount: _____ | New Acct. Balance: _____ |