

# FRIENDSHIP ELEMENTARY PTA REIMBURSEMENT VOUCHER

Mail Check     
  Send check home with child     
  I will pick up in office

Payable to: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Account to Debit: \_\_\_\_\_

(If your invoice reflects more than one account, please identify each and amount that should be deducted from each)

Account	Item	Place of Purchase	Amount
<b>Total</b>			

**Remarks:**

---



---



---

Treasurer's Notes:

Date Invoice Received: \_\_\_\_\_

Date paid: \_\_\_\_\_ In computer: \_\_\_\_\_

Check Number \_\_\_\_\_

Amount of Check \_\_\_\_\_

- **Use Tax Exempt form when making purchases. SALES TAX CANNOT BE REIMBURSED.**
- **Attach copies of receipts, purchase orders and bills to the back of this form. They are required for PTA income tax records. We cannot reimburse without receipts.**
- **Return completed check request form with receipts to Lana Addington, Treasurer. Please make sure to specify above how you would like to have the payment returned to you.**

**ATTACH RECIEPT(S) TO THE BACK OF THIS FORM**