

Carriage Crest Elementary PTSA 9.7.3 Reimbursement Voucher

Attach the receipts to the back of the voucher. No reimbursements will be given without a receipt.

Today's Date: _____

Name: _____ Phone # _____
Person filling out this form.

Event: _____ Committee chairperson(s): _____
If different than the person filling out this form.

Items on Bill	Committee Charged	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement: \$ _____

Check needs to be made out to: _____

Signature of person filling out this form: _____
To receive any reimbursement, a signature is required.

Signature of chairperson(s), if different than above: _____
To receive reimbursement, you need the chairperson's signature/approval. Administrative expenses require PTSA President's signature.

Comments: _____

For Treasurer's Use Only

Date form received: _____

Check made out to: _____

Committee charged: _____ Amount: _____

Committee charged: _____ Amount: _____

Committee charged: _____ Amount: _____

Check # _____ **Check Date:** _____ **Total Amount: \$** _____

Treasurer's Signature: _____