

Reimbursement/Check Request Voucher: REES PTA

Date Requested: _____

Budget Line item: _____

Amended Budget Line Item and
Date Amendment Approved by Membership: _____

Check payable to: _____

Address: _____

Amount of Check: _____

Date Needed: _____

Event, Program, Project Supported: _____

X SIGN HERE:

Signature of Officer/Chairperson Making Request

Receipt attached: _____ yes _____ no

Approval of PTA President: _____

REMINDER: RECEIPTS ARE REQUIRED FOR AUDIT DOCUMENTATION

For Treasurer's use only

Check#: _____ Date of check: _____

____ Checkbook ____ Software ____ Treasurer's Report ____ Other

Budget Line Item/ Committee Charged: _____

Notes

