

2017-2018 CHURCHILL HIGH SCHOOL PTA EXPENSE/REIMBURSEMENT VOUCHER

Payable to: _____ Date needed: _____

Address: _____ Phone: _____

Address: _____ Invoice #: _____

Check requester: _____ Date Submitted: _____

Reimbursement Delivery: _____ Mail Check ** (see note) _____ Put Check in Folder _____

** If you want your check mailed to you at home, please attach a self-addressed and stamped envelope. Otherwise, the check will be available to you at the next PTA Board meeting or you may call Dina Riley on 210-215-9009 to make other arrangements.

Item Purchased	Place of Purchase	Account to be Debited	Amount
Total:			\$

**PTA CANNOT reimburse sales tax.
All original receipts should be attached.**

Return to the PTA Treasurer's folder or mail to Dina Riley 16419 Lost Cabin St 78232.

<p>Treasurer's Notes:</p> <p>Date Invoice Received: _____</p> <p>Plan of Work: _____ Motion: _____</p> <p>Date Approved: _____ Paid: _____</p> <p>Check Number: _____</p> <p>Amount of Check: _____</p>
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Remarks: _____

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

(Required when check request comes from a motion and not a plan of work)