PTA REIMBURSEMENT VOUCHER

Name: _____

Address: _____

Telephone Number: _____

Date: _____

Please place completed forms in the **Reimbursement Submissions** box located in the teacher mailroom

Account to be debited:	Total Amount to be debited:
1.	$
2.	$
3.	$

*If your invoice reflects more than one account, please identify each, and the account that should be deducted from. Please use 1-3 to reference the amount to the account.

*Account Ref #	Item	Place of Purchase	Amount

TOTAL $
==========

Signature of person requesting reimbursement: _____

Please check this box if you would like your check mailed. Complete address information above is required. ❒

PTA Room Reps: Please provide the following <u>additional</u> information. Reimbursements will not be processed until all information is complete.

Teacher:_____ Grade: _____ ❒ AM ❒ PM (If applicable)

Current Student Count: _____

Celebration (Choose 1 only): ❒ Holiday Party ❒ Valentine Party ❒ Year-End Party

Please photocopy this form and receipts for your records. Submit original form with original receipts to your chairman or VP Budget & Finance, LSE PTA. The LSE PTA is not responsible for lost reimbursement requests. Please submit requests by the 15th of the succeeding month in which the event takes place.

Treasurer's Notes

Invoice Received: _____

Date Paid: _____

Check Number: _____

Amount: _____

(For PTA office use only)

Approved by: _____
(Signature) (Chairman/Position)

Date: _____

_____
(Authorized signer #1)

_____
(Authorized signer #2)