

Dublin Elementary PTA 2019-2020
Payment/Reimbursement Voucher
This form MUST accompany all requests for funds

Submission Date: _____

Submitted By: _____

Check Payable to: _____

Address: _____

Amount Requested: _____

Description & Purpose of Request: _____

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1. Please complete top of this form only.
 2. **ORIGINAL** receipts, invoices, and/or contracts **MUST** be attached to this form in order to receive reimbursement.
 3. Please make copy of this form and receipts for your records.
 4. Put this form in the PTA mail box or red treasurer's folder.

For Treasurer Use Only

Committee/Event: _____

Amount Approved: \$ _____

Comments: _____

PTA Authorization: _____

Date: _____

PTA Authorization: _____

Date: _____

Check Number: _____

Issued to: _____

Check Amount: _____

Check Date: _____