

Reimbursement Voucher Form

Reimbursement Voucher for Ithaca High School PTA

Name: _____

Address: _____

Telephone Number: _____ Date: _____

PTA Board Position: _____

Item	Purpose of Expenditure	Amount

Attach All Receipts to back of Voucher

REMARKS:

(Check One)

Reimbursement Requested: _____ Tax Credit Requested: _____

Signature: _____

Treasurer's Notes

Receipts Received: _____

Date Paid: _____ Check Number: _____ Amount: _____

Treasurer's Initials: _____