

W.S. MOUNT PTA
EXPENSE REIMBURSEMENT VOUCHER

Requested by: _____

Payable to: _____

Address: _____

Phone: _____ Date: ____ / ____ / ____

Purchased for: _____ Date of event/function: ____ / ____ / ____

Please attach all receipts to this form.

<u>Date</u>	<u>Item and Store/ Vendor</u>	<u>Purpose</u>	<u>\$Amount</u>

Please fill out ALL applicable areas and submit with appropriate receipt(s) to the Treasurer. Please note, WS Mount PTA cannot reimburse sales tax. If other non-PTA items were purchased on the same receipt, please circle items for reimbursement.

Total Amount \$ _____

Treasurer's Notes

Receipts received: _____

Date Paid: _____

Check #: _____

Category: _____