

**RC MUPRHY PTO  
EXPENSE REIMBURSEMENT  
VOUCHER**

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Event Name: \_\_\_\_\_  
Date of event: \_\_\_\_\_

***Please attach all receipts to this form***

| Date  | Item  | Purpose/Event | Store Vendor | \$Amount |
|-------|-------|---------------|--------------|----------|
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |
| _____ | _____ | _____         | _____        | _____    |

Treasurer's Notes

Receipts Received: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Check #: \_\_\_\_\_ \$Amount: \_\_\_\_\_

***Keep final copy for binder***