

**CHS PTA
Expense Reimbursement Request Voucher**

Requested by: _____ Phone #: _____

Email address: _____

PTA Committee: _____ Event Date: _____

Check Payable To: _____

Payment Mailing Address: _____

<u>Invoice #</u>	<u>Purpose of Expenditure</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total to be Paid:		_____

* If no invoice, please explain below: _____

Signature: _____ Date: _____

For Treasurer's Use Only:

Date Received: _____

Check Amount: _____ *Check#:* _____

Treasurer's Initials: _____ *Date Paid:* _____