



PTA Payment/Reimbursement Voucher

Payable to: _____ Date: _____

Address: _____ Phone: _____

PTA PURCHASES

Please list each retailer a general description of the items purchased and the total amount being submitted for payment. List each receipt separately

Place of Purchase	Items	Amount
		\$
		\$
		\$
		\$
Total		\$

Use Tax-Exempt Form when making purchases intended for resale. **Attach all copies of receipts, purchase orders, invoices, or bills to the back of this form.** Receipts are *required* for PTA Financial Review and tax-reporting purposes.

PTA CATEGORIES

Please list the PTA categories or budget line items accounts to be debited (Hospitality, Membership, Fundraising, etc.) The Committee Chairperson responsible for each budgeted account must authorize the expenditure below before the payment can be approved by the local unit President.

Account to be Debited	Chairperson Signature	Amount
		\$
		\$
		\$
		\$
Total		\$

PTA President/VP Approval: _____

Check # _____

Date: _____