



Careny Elementary School PTA, Inc.



Vendor Reimbursement Voucher

Committee:

\_\_\_\_\_

Event:

\_\_\_\_\_

Committee Chair Approval:

\_\_\_\_\_

Check Payable To:  
(name)

\_\_\_\_\_

Check Payable To:  
(address)

\_\_\_\_\_

Purpose:

\_\_\_\_\_

	Amount:	Invoice Date:
_____	_____	_____
Invoice Number	Amount:	Invoice Date:
_____	_____	_____
Invoice Number	Amount:	Invoice Date:
_____	_____	_____

Total Amount To Be Paid

\_\_\_\_\_

Due Date:

\_\_\_\_\_

**Receipts MUST be attached to process request**

**Treasurer's Use Only**

President's Approval

\_\_\_\_\_

Check Number:

Check Amount:

Check Date

\_\_\_\_\_

Charge to Budget Line:

\_\_\_\_\_

Treasurer's Signature:

\_\_\_\_\_