



Careny Elementary School PTA, Inc.



Reimbursement Expense Voucher

Committee: \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Chair \_\_\_\_\_

Approval: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

(name)

Check Payable To: \_\_\_\_\_

(address)

Purpose: \_\_\_\_\_

Vendor: _____	Amount: \$ _____
Event: _____	
Vendor: _____	Amount: \$ _____
Event: _____	
Vendor: _____	Amount: \$ _____
Event: _____	
Vendor: _____	Amount: \$ _____
Event: _____	
Vendor: _____	Amount: \$ _____
Event: _____	

Total Amount: \_\_\_\_\_

\$

**Please do not separate tax - indicate the total amount due per receipt**

**Receipts MUST be attached to process request**

**Treasurer's Use Only**

President's Approval \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Check Date \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_