



Careny Elementary School PTA, Inc.

Teacher Reimbursement Voucher



Purpose: **Teacher/Classroom Incentives**

Check Payable To:
(name)

Grade:

Explanation of Student
Incentive Uses:

Vendor/Store _____

Amount: _____

Vendor/Store _____

Amount: _____

Vendor/Store _____

Amount: _____

Vendor/Store _____

Amount: _____

Vendor/Store _____

Amount: _____

Vendor/Store _____

Amount: _____



Receipts MUST be attached to process request

Treasurer's Use Only

President's Approval

Check Number:

Check Amount:

Check Date

Charge to Budget Line:

49. Teacher/Classroom Incentives

Treasurer's Signature:
