



Reimbursement Voucher- Sawyer Woods PTA

Please attach your receipt(s) to this voucher for purchases made and fill out Part A of this form.
Thank You!

PART A

Name: _____ Phone: _____

Committee/Office: _____ Date: _____

<u>Explanation of Expenses</u> (List Each Item)	<u>Amount</u>	<u>Committee/Event</u>

Total Amount of Reimbursement Requested \$ _____

Signature of Person Requesting Reimbursement: _____

Make Check Payable To: SAME OTHER (Specify) _____

PART B.

FOR TREASURERS USE ONLY

Check Made Out To: _____

Check # _____ Check Date: _____ Check Amount \$ _____

<u>Committee/Account Charged</u>	<u>Amount</u>

Treasurers Signature: _____

Signature #1: _____

Signature #2: _____

* Payment will only be made if funds for this program are available.

This form must be signed by 2 authorized check signers other than the Treasurer before a reimbursement check is written