

Northwood PTSA
Reimbursement Voucher

To request reimbursement, fill out this form and give it to the treasurer.

Chairperson _____ **Phone** _____

Event/Committee _____ **Date** _____

***** Please attach original receipts to this voucher for purchases made.*****

Explanation of Bill (List Each Item)	Amount

TOTAL AMOUNT OF REQUESTED REIMBURSEMENT: \$ _____

Signature of Person Submitting Request: _____

Make Check Payable to: Same? Other: _____

If check is to be mailed, provide address: _____

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For Treasurer's Use Only

Check Made Out To: _____

Check Number: _____ Check Date: _____ Check Amount: \$ _____

Treasurer's Signature: _____

Second Signature: _____

Committee/Account Charged	Amount