

Check #: _____

**Ridgecrest Elementary PTA
REIMBURSEMENT VOUCHER**

Please attach receipts or invoices to this form.* This is necessary for the treasurer to keep accurate account information for budget line items. If you need cash for making change at a PTA event, please give the treasurer at least a one (1) week notice prior to the activity/event.

Please check the appropriate box: Reimbursement Cash

Date of Request: _____ Date Needed: _____

Name: _____ Committee: _____

Phone Number: _____ or Email: _____

Budget Line Item (if different from committee name): _____

Amount: \$ _____

Explanation: _____

Budget Line Item (if different from committee name): _____

Amount: \$ _____

Explanation: _____

Budget Line Item (if different from committee name): _____

Amount: \$ _____

Explanation: _____

(List additional amounts on the back)

Total Amount Requested: \$ _____

Signature

**Note: If there are no receipts attached, there can be no reimbursement.*

FOR TREASURER'S USE ONLY

Date Received: _____ Check made out to: _____

Check Number: _____ Check Date: _____ Check Amount: _____

Account Charged: _____ Amount: _____

Account Charged: _____ Amount: _____

Account Charged: _____ Amount: _____

Treasurer's Signature: _____