

**STAPLE RECEIPTS HERE
ON BACK OF FORM**

Fern Bluff Elementary PTA
Reimbursement Voucher

Name: _____

Address: _____

Telephone #: _____ Email address: _____

Date of request: _____ Date check needed: _____

Make reimbursement check payable to: _____

Child's name: _____ Child's teacher: _____

Account(s) to be debited: _____ = \$ _____

_____ = \$ _____

1. **** Remember to use the tax-exempt certificate/form when purchasing items for PTA use.**
2. If your reimbursement reflects more than one budget account, please identify each and the amount that should be deducted from each.
3. If reimbursement is for class party, indicate party and grade on account line.

Sales tax is not reimbursable!

Item(s) Purchased	Place of Purchase	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Total Purchase(s): \$ _____

Treasurer's Notes
Invoice Received: _____
Date Paid: _____
Check No.: _____
Amount: _____

Remarks: