

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.
4. Please return to PTA drop box in FBE Front Office or email to [treasurer@fernbluffpta.org](mailto:treasurer@fernbluffpta.org)

**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: