

Pine Lake Middle PTSA 2.6.42
3200 228th Ave SE
Sammamish, WA 98075

Expense Reimbursement Voucher Form

INSTRUCTIONS: Please complete all unshaded portions of form. Attach original invoices, receipts, or billing statements. Remember to include sales tax on reimbursable items

Detail of Expense

Requestor: _____ Date: _____

Payee: _____ Amount Requested: _____

Budget Category: _____ Is Amount Budgeted? Yes ____ No ____

Reason/Explanation for Expense: _____

Method of Payment

- Pay attached bill
 Reimburse me at next meeting
 Self-addressed, stamped envelope attached
 Other (please describe; expenses will be deducted): _____

Authorized Signature (committee chair or officer):

Name: _____ Phone Number: _____

Treasurer's Use Only

Payee: _____

Check Number: _____

Check Date: _____

Check Amount: _____

Budget Category: _____