

PTA Disbursement Voucher

Payable to: _____

Date needed: _____

Address: _____

Phone: _____

Check requester: _____

Date: _____

Account to Debit: _____

Invoice # _____

(If the invoice reflects more than one account, please identify each and amount that should be deducted from each.)

Item	Place of Purchase	Amount
	Total	

(Receipts should be attached and sales tax SHOULD NOT be reimbursed.)

Treasurer's Notes:

Date Invoice

Received: _____

Plan of Work: _____ Motion: _____

Date Approved: _____

Date Paid: _____

Check Number: _____

Amount of Check: _____

Remarks:

Chairman's Authorization: _____

Treasurer's Signature _____

President's Signature _____