

PGE PTA REIMBURSEMENT VOUCHER

(Please use form when requesting funds from the PGE PTA)

DATE REQUESTED: _____

PAYABLE TO: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE #: _____

A: ITEMS PURCHASED

ITEM(S) PURCHASED	PLACE OF PURCHASE	AMOUNT
	TOTAL AMOUNT REQUESTED	\$

***ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM. SALES TAX WILL NOT BE REIMBURSED

B: CLASS PARTY

Is this reimbursement for a class party? (Circle One) **YES** **NO** If yes, write teacher's name: _____

C. TO BE COMPLETED BY EVENT CHAIRPERSON

If amount requested above reflects more than one account, budget, or even, please differentiate below. This section must be completely filled out in order for a check to be issued.

Board position:	Account or event this applies to:	Amount: *Must add up to total amount requested

Chairperson's signature: _____ Chairperson's signature: _____

TO BE COMPLETED BY TREASURER

Check Number: _____ Check Amount: _____

Date Paid: _____ Treasurer's Signature: _____

President's Signature: _____