PGE PTA REIMBURSEMENT VOUCHER

(Please use form when requesting funds from 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, which teacher? _____

C: TO BE COMPLETED BY EVENT CHAIRPERSON

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

Board Position	Allocate to Account/Event	Amount *Must add up to total amount requested	Chairperson Signature

TO BE COMPLETED BY TREASURER (Two signatures required in this section; Treasurer and other authorized signer)

Check Number: _____ **Check Amount:** _____ **Date Paid:** _____

Treasurer's Signature: _____

Authorized Signature: _____ **Position:** _____
(President or Secretary)