

TRAVIS PTA REIMBURSEMENT VOUCHER

Payable to:		Date needed:	
Mailing Address (including zip):		Phone:	
Check requester:		Date:	
Budget category or purpose of expense:			

If your invoice reflects more than one budget category, please identify each and amount that should be deducted from each.)

Item	Place of Purchase	Amount <i>(do not include tax)</i>
	Total:	

(Receipts should be attached and sales tax will NOT be reimbursed)

Chairman's Authorization: _____

Treasurer's Signature: _____

Attach receipt(s) or invoice

Treasurer's Notes:

Date Invoice Received: _____

Check Number: _____

Amount of Check: _____

Date Paid: _____