**Pearson’s Corner Elementary School PTA**

**Reimbursement/Check Request Voucher**

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| \*\*\* Invoice/Receipt is required for audit documentation \*\*\* |
| Date Requested: |
| Person Requesting Disbursement: |
| Event/Program to be Charged: |
| In Accordance with the Budget? Yes No |
| If no, date approved by Special Meeting: : |
|  |
| REIMBURSMENT /INVOICE PAYMENT  (Please attached original receipt or invoice) |
| Amount: $ |
| Description of Item(s) Purchased: |
| Checks to be Made Payable to: |
| Address:  City/State/Zip: |
| Phone Number: |
|  |
| APPROVAL  (For Treasurer Use Only) |
| Committee Chairperson Approval: |
| President Approval: |
| Date Check Issued: |
| Check #: |
| Amount: $ |
| Comments: |
| Checks will not be written without a receipt or invoice attached to this form.  All requests must be submitted by June 30th for the fiscal year ending June 30th.  Requests can be submitted through email or school mailbox.  Questions should be directed to PTA Treasurer, Rachel Parrish  Cell: 804.852.3275  Email: rbparrish06@yahoo.com |
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Revised August 2018