

Skyline High PTSA 2.6.70

704 228th Ave NE #521
Sammamish, WA, 98074

Expense Reimbursement Voucher Form

INSTRUCTIONS: Please complete all unshaded portions of form. Attach original invoices, receipts, or billing statements. Remember to include sales tax on reimbursable items

Detail of Expense

Requestor: _____ Date: _____

Budget Category: _____

Payee: _____ Amount Requested: _____

Reason/Explanation for Expense: _____

Method of Payment

Pay attached bill

Reimburse me at next meeting

Other (please describe; expenses will be deducted): mail me a check _____

Authorized Signature (committee chair or officer):

Name: _____ Phone Number: _____

Treasurer's Use Only

Payee: _____

Check Number: _____

Check Date: _____

Check Amount: _____

Budget Category: _____