

Check #: _____

**Kentwood PTSA 9.7.120
Reimbursement Voucher**

***All requests must be approved by committee chairperson and submitted within 30 days of event.**
Please attach your receipts to this voucher for all purchases made, completely fill out the form below, and submit to Treasurer for payment. Thank you!

Name: _____

Committee: _____

Phone #: _____

Date: ____/____/____

Explanation of Bill
(List Each Item)

Amount

Committee/Event

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total amount of reimbursement requested: \$ _____

Signature of person submitting request: _____

Make check payable to: Same Other: _____

Phone number: _____

Email: _____

Address: _____
(for check delivery)

City/State _____

Signature of Committee Chairperson: _____
(if not the same as the person submitting request)

DO NOT WRITE BELOW THIS LINE – FOR TREASURER USE ONLY

Check made payable to: _____

Check #: _____ Check date: _____ Amount: _____

Committee/budget line charged: _____

Treasurer's signature: _____ Date: ____/____/____