

George Mason Elementary School PTA Reimbursement/Check Request Voucher

Today's Date: _____

Name: _____

E-mail Address: _____

Committee: _____

Activity: _____

Date of Expense: _____

Check Payable to: _____

Amount: _____

Purchase order, invoice, bill or receipt must be attached.

Date Check Needed (if applicable): _____

Delivery Method: PTA Box PTA Meeting

US Mail Address: _____

Signature: _____

PTA President Approval Signature: _____

Place this form in the PTA Box or deliver it directly to the PTA President for it to be signed and delivered to the Treasurer.

- Reimbursement requests must be submitted **within 30 days** of the expense.*
- Expenses which occur before June 1 of a given year cannot be reimbursed after June 30 of that year.*
- PTA will only reimburse expenses that are in the budget, approved by the President in advance, or approved by a General Membership vote in advance.*
- Do not combine reimbursement requests for more than one activity even if it is within the same committee.*
- Receipts should not include non-PTA expenses.*
- *If you do not meet these requirements and would still like to be reimbursed, contact the Treasurer or President.**

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Treasurer's Use Only

PTA Check Number: _____ Date of Check: _____

Expense Line Item: _____