

EXPENSE

Reimbursement Voucher Form for CKHS PTSA

Please attach receipts or bills to this form.

Name: _____ Committee: _____

Phone: _____ Date Submitted: _____

Make payable to (if different from person requesting reimbursement):

Amount of Bill: \$ _____ Budget Category: _____

Money was used for (explain):

Please do not write below this line. Treasurer's use only.

Check made payable to: _____

Check Number: _____ Date: _____ Amount: _____

Budget Category: _____

Treasurer's Signature: _____ Date: _____