

## Hendrick Middle School PTA Check Request/Reimbursement Voucher

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Submitted by/Chair: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Item	Place of Purchase	Amount	Budget Category
TOTAL			

- \* ATTACH ORIGINAL RECEIPTS/INVOICE TO VOUCHER
- \* NO DISBURSEMENTS WILL BE MADE WITHOUT A RECEIPT
- \* SALES TAX WILL NOT BE PAID

Treasurer's Notes	
Date Received	_____
Plan of Work/Budget?	_____
Date Approved	_____
Date Paid	_____
Check Number	_____
Check Amount	_____

Comments

Treasurer's Signature: \_\_\_\_\_