

CROSS TIMBERS MIDDLE SCHOOL PTA REIMBURSEMENT VOUCHER

Check Requester: _____ Today's date: _____

Payable to: _____ Phone: _____

Address: _____ Date needed: _____

Budget to Debit: _____

(If your invoice/receipt reflects more than one budget, please identify each and amount that should be deducted from each.)

Item	Place of Purchase	Amount
	Total:	

(Receipts must be attached; Sales Tax will not be reimbursed)

Treasurer's Notes

Payment:

Check Number: _____

Date Issued: _____

Check Amount: _____

Method of Disbursement:

Committee Chair Signature: _____

President or Designate Signature: _____

Treasurer Signature: _____