

Check # _____

Kentwood Community PTSA 9.7.120
Reimbursement Voucher

Please fill out Part A of the form below and attach your receipt(s) to this voucher.

Part A

Name _____ Committee/Office _____

Phone # _____ Date _____

<u>Explanation of Expenses</u> (List each item)	<u>Amount</u>	<u>Committee/Event</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Reimbursement Requested \$ _____

Payment is to be made to _____

Signature of person submitting request _____

Please circle budget account to use:

- | | | |
|---|--|---|
| <p>Dance Expenses</p> <ul style="list-style-type: none"> Dance Team Expenses Fundraising Expenses Clinic/Choreography/Practice Competition Expenses State Banquet Miscellaneous Expenses | <p>General Business Expenses</p> <ul style="list-style-type: none"> Annual Corporation Report Baccalaureate Charitable Solicitation Registration Charitable Donations Founders Day Basket Founders Day Dinner Fundraising Expenses Hospitality/Teacher Appreciation Leadership Training Legislative Contributions Legislative Assembly Liability and Bonding Insurance | <ul style="list-style-type: none"> Mail Box Fee Membership Committee Expenses Membership Dues Membership One Time Fee \$2 President/Principal Lunch PTSA Awards Reflections Scholarships Supplies/Postage/Printing WSPTA Convention Misc. Other Expenses |
|---|--|---|

** Other _____

If your expense does not fit one of these accounts, please write new account name.

It will be reviewed at the next Board Meeting and the budget adjusted accordingly.

(Do Not Write Below Line)

Part B (For Treasurers Use Only)

Check made out to _____

Check # _____ Check Date _____ Check Amount \$ _____

Date Mailed _____ Treasurer's/Cashier's Signature _____

Comments _____