

# PTA Disbursement Voucher

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Budget Line Item to be Debited: \_\_\_\_\_

If your invoice reflects more than one Budget Line Item, please identify each and the amount.  
*Sales Tax can not be reimbursed.* Please attach receipt(s).

Item	Place of Purchase	Amount

Total \_\_\_\_\_

Remarks:

**Treasurer's Notes**

**Date Received:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

