Boggess Elementary PTA
Reimbursement Voucher

Fill out completely, attach receipt(s), and obtain Program Coordinator’s approval before placing in the Treasurer’s file. Please allow 72 hours to process. All checks will be put in your PTA folder unless otherwise requested.

NAME: _______________________________________________ DATE: ______________

Contact Info: ___________________________________________(email or cell number)

Make check payable to: ____________________________________________

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<tr>
<th>Acct. to Debit*</th>
<th>Item</th>
<th>Place of Purchase</th>
<th>Amount</th>
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TOTAL:

*Please note: A check cannot be issued if there are not sufficient funds remaining in the account(s) specified. Sales tax will not be reimbursed.

Submitted by: ___________________________________________________________(Signature)

Approved by: ____________________________________________________________ (Program Coordinator and/or President)

Received by: ____________________________________________________________ (Treasurer, Boggess PTA)

Treasurer Notes
Receipt Rec’d: YES NO  Date Paid: ______________

Check #: ___________  Initial Acct. Balance: ______________