



To Be a Charger!

# Kentridge High School PTSA Reimbursement Voucher (blue)

Please attach your receipt(s) to this voucher.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Committee \_\_\_\_\_ Date \_\_\_\_\_

Name of Fundraiser or Event \_\_\_\_\_

Signature of person submitting requesting \_\_\_\_\_

Explanation of Expense	Amount
_____	_____
_____	_____

Total Amount of Reimbursement to be Paid \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Delivery Instructions: Due Date \_\_\_\_\_

- Mail to (address) \_\_\_\_\_
- Pick up from Treasurer on this date \_\_\_\_\_
- Leave in the PTSA box by this date \_\_\_\_\_

1<sup>st</sup> Check Signature \_\_\_\_\_

2<sup>nd</sup> Check Signature \_\_\_\_\_

### For Treasurer's Use Only

Check# \_\_\_\_\_ Check Date \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Expense Line	Amount
_____	_____
_____	_____

Treasurer Signature \_\_\_\_\_