

Minnesauke PTA  
EXPENSE REIMBURSEMENT VOUCHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please attach all receipts to this form.

Date	Item	Purpose/Event	Store/Vendor	\$Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Treasurer's Notes

Receipts Received: \_\_\_\_\_

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

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_