

# Newport HS PTSA

## Reimbursement Voucher Form

Please fill in all fields and attach receipts or bills to this form. This is for accurate PTSA records, so please include appropriate Committee/Project being reimbursed. Give the completed form and attachments to the Treasurer: either in the PTSA folder or email [Newporthighptsa@gmail.com](mailto:Newporthighptsa@gmail.com) for other arrangements.

**Date of Request:** \_\_\_\_\_

**Committee/Project:** \_\_\_\_\_

**Reason for Expense:** \_\_\_\_\_

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

**Check Payable to:** \_\_\_\_\_

**Payee's Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Check Delivery Choice:** \_\_\_\_\_ Mail to Payee \_\_\_\_\_ Mail to Home

\_\_\_\_\_ Other \_\_\_\_\_

**Signature of Committee Chairperson:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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**For Treasurer's Use Only:**

**Check #:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Split Amounts:** \_\_\_\_\_

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