



Edison School PTA Reimbursement Voucher

Date: _____

Amount: \$ _____

Check Payable to: _____

Description of Expense: _____

(attach ALL supporting receipts and/or copies of invoices)

Budget Line Item(s): _____

Approval Signature: _____
(PTA President – Approval REQUIRED for reimbursement)

Check Date: _____

Check # _____



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