

Sandburg PTA Reimbursement Voucher (2020)

Date: _____

Amount Requested: \$ _____

Make Check Payable to: _____

Send Check to: _____

Budget Line Item: _____

Itemized Expenses (Please provide details):

Receipt/Invoice attached? _____ If not, why? _____

Approved by _____ PTA President

Please forward to: Krista Nunemaker, PTA Treasurer, 409 S. Fair Ave., Elmhurst, IL 60126

DO NOT FILL IN
Check#: _____
Date: _____
Amount: _____

Sandburg PTA Reimbursement Voucher (2020)

Date: _____

Amount Requested: \$ _____

Make Check Payable to: _____

Send Check to: _____

Budget Line Item: _____

Itemized Expenses (Please provide details):

Receipt/Invoice attached? _____ If not, why? _____

Approved by _____ PTA President

Please forward to: Krista Nunemaker, PTA Treasurer, 409 S. Fair Ave., Elmhurst, IL 60126

DO NOT FILL IN
Check#: _____
Date: _____
Amount: _____