WESTERN HILLS PTO

Reimbursement Form

Payment Voucher/Receipt Information

Date: _____

Payable to:_____

Address: _____

_____

Breakdown of attached receipts:

Amount: _____Description:_____

Amount: _____Description:_____

Amount: _____Description:_____

Amount: _____Description:_____

Amount: _____Description:_____

Amount: _____Description:_____

TOTAL DUE: _____

Committee to be charged: _____

_____
Committee Chair

All receipts must be accompanied by a voucher/receipt*
****Budget overage must be approved by the PTO****

Treasurer Information Only
Check Number _____
Date Sent _____
Additional Notes _____