



John B. Dey Parent-Teacher Association

REIMBURSEMENT/CHECK REQUEST VOUCHER

Date Requested: _____

Amount Requested: _____

Committee (Budget Line) To Be Charged _____

- Original Line Item
- Amended Budget Item

Check Made Payable To: _____

Date Needed: _____

Deliver Check to:

- PTA Folder
- US Mail Address

- By Child
- Child Name
- Teacher Name

Signature

PTA PRESIDENT APPROVAL

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- ✦ ATTACH ORIGINAL RECEIPTS/INVOICES PERTAINING TO ABOVE EXPENDITURE.
 - ✦ CHECKS WILL NOT BE ISSUED WITHOUT THE RECEIPTS.
 - ✦ RECEIPTS ARE REQUIRED FOR AUDIT DOCUMENTATION.