REBA O. STECK PTA EXPENSE VOUCHER

Instructions: Please complete this form for reimbursement, payment, or cash. All original receipts and invoices must be attached to the back of this form and submitted within 30 days of the expense. Receipts exceeding this 30 day period may be denied reimbursement. This form can be turned into your child's teacher or placed in the Treasurer's folder in the PTA closet at Steck. Please contact the treasurer, Diana Hughes, at dhughescpa@gmail.com with any questions.

DATE: PAYABLE	TO:		
YOUR CONTACT INFORMATION FOR QU	JESTIONS		
PHONE:EM	IAIL:		
CHECK DELIVERY METHOD:			
□ SCHOOL MAIL—Child's full name □ PICKUP AT TREASURER'S HOUSE (You will be	notified by email when the ch		
☐ US MAIL Please provide a self-addressed star	mped envelope		
Reimbursement requested for:			
Name of store on receipt	Budget categ	ory Amoun	it
			
As a 501(c)(3) organization, Steck PTA is unable to reimburse tax*. Please use the Sales Tax Exemption Letter when	TOTAL		
	Less sales tax paid	_()
	Check amount		
making purchases. *Sales tax can be reimbursed at Costco and Sam's Club.			
Tape all receipts and invoices to a separate s the PTA, circle each item's amount. Add up t			nount on the receipt is for
	FOR OFFICE USE ONLY		
Approved by 1		President	
2			
		Co-president/ Vice President	dent
Two signatures are required. You cannot ap			
Check# Ch	eck Date		