

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, Niki Armstrong, at nlpfeffer@yahoo.com with any questions.

DATE: _____ PAYABLE TO: _____

YOUR CONTACT INFORMATION FOR QUESTIONS

PHONE: _____ EMAIL: _____

CHECK DELIVERY METHOD:

- SCHOOL MAIL—Child's full name _____ Teacher name & grade _____
- PICKUP AT TREASURER'S HOUSE (You will be notified by email when the check is ready)
- US MAIL Please provide a self-addressed stamped envelope

Reimbursement requested for:

Name of store on receipt	Budget category	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____
	Less sales tax paid	_(_____)
	Check amount	_____

As a 501(c)(3) organization, Steck PTA is unable to reimburse tax*. Please use the Sales Tax Exemption Letter when making purchases.

*Sales tax can be reimbursed at Costco and Sam's Club.

Tape all receipts and invoices to a separate sheet and attach to this form. If only a portion of the amount on the receipt is for the PTA, circle each item's amount. Add up the total on that receipt and note it on the receipt.

FOR OFFICE USE ONLY

Approved by 1. _____ President
2. _____ Treasurer
3. _____ Co-president/ Vice President

Two signatures are required. You cannot approve your own purchase.

Check# _____ Check Date _____