



REQUEST FOR FUNDS REIMBURSEMENT VOUCHER

Elizabeth Blackwell PTSA

Please check one: Advancement of Funds request _____ Reimbursement request _____

Date request submitted: _____

If you are submitting an advancement of funds request, please provide the date funds are needed by: _____

Payable to:

Name: _____

Mailing address _____

(reimbursement check will be mailed to the address provided)

Requested by:

Name: _____

Child's name _____ Teacher _____

Activity/Event/Purpose _____

Items/Service Purchsed/Provided _____

Amount of Request/Reimbursement \$ _____

Please submit a separate voucher form for each committee/activity. Attach an original sales receipt or bill. Please contact Julie Varness 868-8752 with any questions involving reimbursement. Thank you!

Treasurer's Use

Date _____ Check# _____

Amount\$ _____ Budget category _____

Posted _____