

# KISTHARDT PTA REIMBURSEMENT VOUCHER

*Requests for reimbursement must be submitted within 30 days of the event or activity.*

**ORIGINAL RECEIPTS OR INVOICES MUST BE ATTACHED TO THIS FORM.**  
 If there are no receipts, there can be no reimbursement.

Requested by: \_\_\_\_\_  
 Payable to: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_  
 Date Needed: \_\_\_\_\_  
 Amount Requested: \_\_\_\_\_  
 Name of activity (budget item): \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Indicate where check should be sent (check one):**

**Put in my box at school**  
 **Kid mail: Child's name** \_\_\_\_\_ **Teacher name** \_\_\_\_\_  
 **Mail to:** \_\_\_\_\_

Date	Vendor/Supplier	Description	Amount
<b>TOTAL</b>			

**FOR TREASURER'S USE ONLY**

Date received: \_\_\_\_\_  
 Reimbursement made to: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Check Amount: \_\_\_\_\_  
 Budget Line Item: \_\_\_\_\_