

OKTE PTA REIMBURSEMENT VOUCHER

NAME: _____

ADDRESS: _____

TELEPHONE: _____ DATE: _____

ALL ORIGINAL RECEIPTS (NOT COPIES) MUST BE ATTACHED TO BACK OF VOUCHER.

ITEM	PURPOSE OF EXPENDITURE	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

REMARKS:

CHECK ONE: Reimbursement requested: _____ Tax Credit requested: _____

SIGNATURE: _____

TREASURER'S NOTE:

TREASURER'S INITIALS:

RECEIPTS RECEIVED: _____ PAID ON: _____

CHECK #: _____ AMOUNT: _____