

**Mt Vernon Community School PTA**

**Reimbursement / Check Request Voucher**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purchase order, invoice, bill or receipt must be attached.**

Date Check Needed (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery Method: □ Other □ Mail (Preferred)

US Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please deliver this form with paperwork to one of the following places:*

* *PTA Treasurer folder in the PTA box in the school office*
* *Email the Treasurer at* *mvcsptatreasurer@gmail.com*
* *Mail or deliver to:*

Nancy Drane

 25 Forrest Street

 Alexandria, VA 22305

*-Reimbursement requests must be submitted* ***within 30 days*** *of the expense.*

*-Expenses which occur before June 1 of a given year cannot be reimbursed after June 30 of that year. All receipts should be submitted by June 30.*

*-PTA will only reimburse expenses that are in the budget, approved by the President in advance, or approved by a*

*General Membership vote in advance.*

*-Do not combine reimbursement requests for more than one activity even if it is within the same committee.*

*-Receipts should not include non-PTA expenses.*

*\*If you do not meet these requirements and would still like to be reimbursed, contact the Treasurer or President.\**

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**Treasurer’s Use Only**

PTA Check Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Check:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense Line Item:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Sign Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_