



**Sequiota PTA
2018-2019
Reimbursement / Expense Voucher**

Request for: _____ Reimbursement
_____ Direct Payment to Vendor

Make check payable to: _____

Amount * (no tax): _____

Committee / Event: _____

Description of Expense: _____

Reimbursement Instructions: _____ Mail to me at the address listed below

_____ Mail to the vendor listed below

address: _____

Date: _____ Signature: _____

IMPORTANT NOTICE

***Incomplete reimbursements will be returned to requestor to be completed.**

***Submit this form with original bills & receipts attached within 30 days of the expenditure.**

***To get payment sent directly to a vendor, will require notification of
5 business days in advance**

***Remember that we have copies of tax exempt forms in the filing cabinet to use for PTA related expenditures.**