

Jan Schiff Elementary
PTO Reimbursement & Check Request Voucher

Payable to: _____ Date Submitted: _____

Check Requestor: _____ Phone: _____
(If Different)

- Distribution: 1: Committee Box: _____
 2: Send with Child: Name & Teacher _____
 3. Mail to Vendor Address: _____
 4. Other: _____

Committee/Expense	Item Description	Place of Purchase	Amount
		TOTAL	

- * Please make a copy of all thermal receipts and include all original receipts.
- * Please made a copy for your records
- * **Please note that Sales Tax cannot be reimbursed**

Reimbursements will be processed within one week of submission. If you need it more quickly, please contact the Schiff PTO treasurer schiffptotreasurer@gmail.com.

Chair Approval

President Approval

For Treasurer Use Only	
Date Received: _____	Amount Issued: _____
Date Paid: _____	Date Entered Into Ledger: _____
Check Number _____	