

**Alexandria PTA Council
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: PTA Council Meeting Mailed

US Mail Address: _____

Signature: _____

PTA Council President Approval Signature: _____

Please deliver this form with paperwork to: PTA Council Treasurer
P.O. Box 16465
Alexandria, VA 22302

- Reimbursement requests must be submitted **within 30 days** of the expense.
 - Expenses that occur before June 1 of a given year cannot be reimbursed after June 30 of that year.
 - PTA Council 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 Council 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 Council Check Number: _____ Date of Check: _____

Expense Line Item: _____