

Lincoln Intermediate PTSA

Date Paid:

REIMBURSEMENT VOUCHER

Check Number:

Date of Request:

Reason for Expense

Original Receipts Must
be Attached Or Detailed
explanation must be
approved.

Itemize Receipts

List Dollar Amount
(Excluding Tax)

1		\$
2		\$
3		\$
4		\$
Total		\$

Make check payable to:

Name

Address

City

Signature of Person
receiving funds

Treasurer's Signature:

Date:

President's Signature:

Date: