

CHALLENGER PTA REIMBURSEMENT VOUCHER

Please attach receipts or invoices to this form. This will help in keeping accurate account information for line items.

DATE: _____ DATE NEEDED: _____

NAME: _____ EVENT: _____

DESCRIPTION OF EXPENSE: _____

CHECK MADE OUT TO: _____

AMOUNT REQUESTED: _____

FOR OFFICE USE ONLY

CHECK # _____

DATE _____

PLEASE ATTACH ALL RECEIPTS

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