

ANN RICHARDS PSTA REIMBURSEMENT VOUCHER

Payable to: _____ Date needed: _____

Address: _____ Phone: _____

Check requester: _____ Date: _____

Account to Debit: _____ Invoice # _____

(If your invoice reflects more than one account, please identify each and amount that should be deducted from each.)

Item	Place of Purchase	Amount
	Total:	

(Receipts should be attached and sales tax will not be reimbursed)

<p><u>Treasurer's Notes:</u></p> <p>Date Received: _____</p> <p>Date Paid: _____</p> <p>Check Number: _____</p> <p>Amount of Check: _____</p>

Remarks:

Chair's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)