

**HILL MIDDLE SCHOOL PTSA
REIMBURSEMENT/PAYMENT VOUCHER
2016-2017**

YOUR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

TOTAL AMOUNT SPENT: _____ DATE OF PURCHASE: _____

FUNCTION/BUDGET CATEGORY: _____

BRIEF DESCRIPTION OF EXPENDITURE:

of RECEIPTS ATTACHED: _____

SIGNATURE: _____

WHO CHECK SHOULD BE MADE PAYABLE TO (if different than person submitting this form): _____

PLEASE CHECK ONE: DO YOU WANT THIS MAILED TO
ABOVE ADDRESS _____ IN SCHOOL OFFICE (you pick up) _____

Note: If you leave this form at school, contact Jessica Santoyo, Treasurer hillptsatreasurer@gmail.com to assure prompt processing and payment.

Exec Committee Approval: _____

Treasurer Use Only:

Check #: _____

Date Issued: _____

Check Amount: _____

Budget Category: _____

Treasurer's Initials: _____