

PTA Disbursement Voucher

Name: _____

Address: _____

Telephone Number: _____

Date of request: _____ Date check needed: _____

Make check payable to: _____

Account to be debited: _____

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

Remember to use the exemption certificate when purchasing items for PTA use. Sales tax ***WILL NOT*** be reimbursed.

| <u>Item</u> | <u>Place of Purchase</u> | <u>Amount</u> |
|-------------|--------------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total \$ _____

Remarks:

| |
|---|
| Treasurer's Notes Invoice Received: _____ Date Paid: _____ Check Number: _____ Amount: _____ |
|---|

Attach Receipts

Texas PTA

Rev. 9/02