MONROE ELEMENTARY PTO
REIMBURSEMENT VOUCHER

The undersigned requests payment by Monroe Elementary PTO for the following expense:

NAME of the person requesting payment: ____________________________

CAPACITY (Event Chairperson, Officer, etc.): ____________________________

AMOUNT (please attach bill or receipt): ____________________________

DATE of expense: ____________________________

PAYABLE to: ____________________________

REASON expense was incurred: ____________________________

______________________________

ACCEPTED BY: ____________________________

TREASURER - MONROE ELEMENTARY PTO

DATE payment made: ____________________________

PAYMENT MADE TO: ____________________________

AMOUNT: ____________________________ PTO CHECK #: ____________________________

ACCOUNT CHARGED TO: ____________________________

NOTES: ____________________________

______________________________

STAPLE RECEIPT TO THE RIGHT ----->