

**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 ---->