



Bowie High School PTSA

PTSA DISBURSEMENT/REIMBURSEMENT VOUCHER

Make Check Payable to: _____

Address: _____

Telephone Number: _____

Date Check is Needed: _____

Name of PTSA Member Requesting Check:

Description of Item	Place of Purchase	Budget Category	Amount

Total \$ _____

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

Treasurer's Notes:
Date Invoice Received
Date Paid
Check Number

Amount Paid

Other remarks

Chairman's Signature: _____

Treasurer's Signature: _____

President's Signature: _____