

**TC Williams PTSA
Reimbursement/Check Request Voucher**

Date: _____

Name: _____

Description of Expense: _____

Check Payable to: _____

Amount: _____

Purchase order, invoice, bill or receipt must be attached.

Date Check Needed (if applicable): _____

Delivery Method of Check: PTSA Meeting Mailed

US Mail Address: _____

Signature: _____

Please deliver this form with invoice/receipt to the PTSA Treasurer. You may drop it off, mail, text or email to:

Chalin Smith
912 North Overlook Drive
Alexandria, VA 22305
treasurer@tcwilliamsptsa.com
Text: 703-447-9139

- Reimbursement requests must be submitted **within 30 days** of the expense.
 - PTSA will only reimburse expenses that are in the budget, approved by the President in advance, or approved by a General Membership vote in advance.
 - Where possible, to ensure prompt response, please remit copy of (or at least notice of) request via email.
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Treasurer's Use Only

PTSA Check Number: _____

Date of Check: _____

Expense Category: _____