

**TC Williams All Night Grad Party (ANGP)  
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](mailto: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.
- .....

**Treasurer's Use Only**

ANGP Check Number: \_\_\_\_\_

Date of Check: \_\_\_\_\_

Expense Category: \_\_\_\_\_