

**ACHS 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:

Darcey Arnold
2936 Hickory Street
Alexandria, VA 22305
treasurer@tcwilliamspts.com
Text: 703-629-6403

*-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

ANGP Check Number:

Date of Check:

Expense Category: