Cross Timbers Middle School PTA
Check Request & Reimbursement Voucher

Choose one: ☐ Reimbursement ☐ Direct Payment ☐ Advance for Cash Box

Payable to: _____ Date Needed: _____

Address: _____ Phone: _____

Check Requester: _____ Today's Date: _____

Budget Line to Debit: _____

(if your invoice reflects more that one account, please identify each and amount that should be deducted from each)

IMPORTANT: Attach all receipts to this form. Sales tax will not be reimbursed

Item	Place of Purchase	Amount
	Total:	

Treasurer's Notes:

Invoice Received _____

Date Approved: _____

Check Number: _____

Amount of Check: _____

Remarks:

Chairman's Authorization: _____

President's Signature: _____

Treasurer's Signature: _____