

JOEL BARLOW HIGH SCHOOL PTSA



REIMBURSEMENT VOUCHER

(To be used for PTSA-related budgeted expenditures and approved JBHS Staff Grant program reimbursement).

DATE: _____

AMOUNT: _____

NAME: _____

ADDRESS: _____

COMMITTEE/EVENT/GRANT DESCRIPTION: _____

COMMITTEE CHAIRPERSON: _____

DESCRIPTION OF PURCHASE(S): _____

President Approval

PLEASE REMIT TO TREASURER WITH ORIGINAL RECEIPTS WITHIN 30 DAYS OF THE EVENT. YEAR-END REIMBURSEMENT REQUESTS MUST BE RECEIVED BY JUNE 1 OF THE CURRENT SCHOOL YEAR.

MAIL TO:

**JBHS PTSA | 100 BLACK ROCK TURNPIKE | REDDING, CT 06896
or leave in the PTSA mailbox in the school office.**

FOR TREASURER ONLY:

DATE PAID: _____ **CHECK #** _____

TREASURER SIGNATURE : _____