

Farmwell Station Middle School PTA Reimbursement/Check Request Voucher

FSMS—PTA
44281 Gloucester Pkwy
Ashburn, VA 20147

** Reminder – Receipts are required for audit documentation **

** Reminder – Checks are written the 1st and 15th monthly **

Date Requested _____

Event/Program to be Charged _____

Name/Telephone of Requestor _____

INVOICE PAYMENT:

(Please attach original invoice and return envelope if provided) Amount: \$ _____

Check Payable To _____

Telephone Number of Payee _____

Address of Payee _____

OUT OF POCKET EXPENSES:

Amount: \$ _____.

Description of Items Purchased _____

Receipt Attached: _____ Yes _____ No / Reason if no _____

ADVANCED FUNDS:

Amount: \$ _____ Date Needed: _____ / _____ / _____

Reason for Advance: _____

APPROVAL OF COMMITTEE CHAIRPERSON _____

Required for all transactions (Signature)

(For Treasurer Use Only)

Check # _____ Amount \$ _____ Date Paid _____

Committee Charged _____

Signature of Treasurer _____

Signature of 2nd Officer _____

