

Royal Oak High School PTSA Reimbursement Form

Payment or Reimbursement Voucher

1. Please complete the top portion of this form.
2. Attach all original receipts to this form.
3. Describe the purpose of the item(s) purchased.

Date: _____

Submitted by: _____

Purpose: _____

Pay to the Order of: _____

Amount: _____

Check Number: _____ Date Paid: _____

Budget Category: _____

Verified by: _____
(treasurer or recording secretary)

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