

ROYAL OAK HIGH SCHOOL PTSA

PAYMENT OR REIMBURSEMENT VOUCHER

1. PLEASE COMPLETE THE TOP PORTION OF THIS FORM/KEEP BOTTOM FOR SELF
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 _____

APPROVED BY _____

(TREASURER/COMMITTEE CHAIR)

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