

**Bellevue High School PTSA
REIMBURSEMENT VOUCHER / FORM**

Instructions: Please complete the information below for reimbursement for PTA Committee related expenses. No reimbursement can be made without a receipt.

Thank you!

Date: _____

Amount: _____

Make payable to: _____

Address: _____

Committee: _____

Purpose/Description: _____

Submitted by: _____

Phone#: _____

Signature: _____

PLEASE ATTACH RECEIPTS TO THIS FORM

No reimbursement can be made without a receipt. Place completed form in the PTSA mailbox in the FOA at school or mail to:

Sherilyn Anderson
111 Cedar Crest Lane
Bellevue, WA 98004

Treasurer's Use Only:

DATE: _____

AMOUNT: _____

CATEGORY: _____

CHECK# _____