

Treasurer's Notes:

Check # _____
Date _____
Amount Paid _____

**APOLLO JUNIOR HIGH PTA
Reimbursement Voucher**

Make check payable to:

Name: _____

Address: _____

Please put check in:

Mail _____

PTA file _____

ITEM

AMOUNT

<u>ITEM</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*****RECEIPTS OR INVOICES MUST BE ATTACHED*****

Sales tax will not be reimbursed.

DEBIT FROM THE FOLLOWING BUDGET:

- | | |
|--|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Directory |
| <input type="checkbox"/> 1 st VP Aide | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> 2 nd VP Membership | <input type="checkbox"/> Historian |
| <input type="checkbox"/> 3 rd VP Programs | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> 4 th VP Hospitality | <input type="checkbox"/> Multicultural |
| <input type="checkbox"/> 5 th VP School Supply | <input type="checkbox"/> Parliamentarian |
| <input type="checkbox"/> 6 th VP Social | <input type="checkbox"/> Parent Education |
| <input type="checkbox"/> 7 th VP Ways and Means | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Arts in Education | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Clinic Coordinator | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Clothes Closet | <input type="checkbox"/> Youth Protection |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Council Delegate | _____ |