

CLAIM VOUCHER

PLEASE COMPLETE FOR REIMBURSEMENT
MAMARONECK AVENUE SCHOOL **PTA**

Check Payable To: _____ Date: _____

Address: _____

Phone Number: _____ *email: _____

COMMITTEE / EVENT: _____

Total Amount: _____ Requested by: _____

PLEASE ITEMIZE AND ATTACH INVOICE(S) OR RECEIPT(S) IN SUPPORT OF THIS EXPENDITURE AND RETURN TO PTA TREASURER in PTA box in main office.

Kathleen Gallaher:

Phone (914) 381-6280

E-mail: katndrewg@aol.com

THE PTA DOES NOT PAY SALES TAX – EXEMPTION #117692

Date	Vendor Name/Store Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above request for \$ _____ is true and correct.

Date

Claimant Signature

President Signature