

W O L F ' S C R O S S I N G E L E M E N T A R Y

Staple receipt to
back of page here



everychild.one voice.
E x p e n s e V o u c h e r

Date _____ Name _____

Address _____

City _____ Zip _____

(For room party, teachers name/party) _____

Check to be sent home with child _____ Child's name/teacher _____

Check to be mailed home _____

Itemized Expenses (Must attach receipts): within 30 days of receipt (or party)	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

***Please note that sales tax will not be reimbursed. If you need a sales tax exempt form, please see your liaison. Receipts with gifts cards and returns will not be accepted for reimbursement, coupons may be used, however, you will be reimbursed for the amount less the coupon.**

Please forward this completed voucher with receipts attached, to the PTA mailbox located in the workroom.
Questions? Contact Noha Ayache, Treasurer at nohaathome@comcast.net

FOR EXECUTIVE COMMITTEE USE ONLY:	
Names of officers who signed the check:	
_____ Noha Ayache _____	Check # _____ Date: _____
_____ Rhonda Jorgensen or Andrea Freveletti _____	Budget Line Item: _____
Signature of Treasurer: _____	Signature of President: _____