



# PFC Reimbursement/Expense Voucher

**\*\*\*\*\*RECEIPTS MUST BE ATTACHED TO THIS VOUCHER\*\*\*\*\***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Request Reimbursement For:

PFC Fundraiser/Event/Approved Spending Request: \_\_\_\_\_

DATE	REASON FOR EXPENSE	AMOUNT
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$

Make check payable to: \_\_\_\_\_

Send Check to: \_\_\_\_\_ -OR-  Place in school mailbox  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Person Requesting Check: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Committee Chair, if not person above: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PFC Treasurer Use Only:**

Budget Account: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_