

VOUCHER: **MONTHLY PTO TEACHER WINNER**

Month: \_\_\_\_\_ Donate to Art Department \_\_\_\_\_  
**(Give to Cathy at school if wish to do this)**

ISSUED DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_  
 (net 60 days from issuance date)

TEACHER: \_\_\_\_\_

AMOUNT: \$ 25.00

FROM: **NORWAY PTO**

**This voucher is good for up to \$value reimbursed to you when you turn in receipts to PTO treasurer**

### Expense Report

**Procedures:**

Attach receipts for stuff that was purchased to this form and list below what it was for  
 Date Purchased, Store, Amount  
 Email to [nwrghcpa@southslope.net](mailto:nwrghcpa@southslope.net) or drop off form to Cathy in office in PTO box  
 You will receive check within 5 business days in school office, if need sooner, please feel  
 free to email in this file and drop off receipts and form in office.

| Date of Purchase | Store | Details | Amount |
|------------------|-------|---------|--------|
|                  |       |         |        |
|                  |       |         |        |
|                  |       |         |        |
|                  |       |         |        |

TOTAL \_\_\_\_\_

Name of Person Requesting Reimbursement \_\_\_\_\_

Date Requested \_\_\_\_\_

Event or Reason for Reimb. \_\_\_\_\_