



WARRANT # \_\_\_\_\_

**LAFAYETTE SCHOOL PTA  
REIMBURSEMENT VOUCHER**

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

PURCHASER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT/CLASS: \_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

**ATTACH RECEIPT(S) AND DESCRIBE PURCHASES BELOW**

**APPROVALS:**

PRINCIPAL (FOR TEACHERS) \_\_\_\_\_

PTA PRESIDENT \_\_\_\_\_

PTA RECORDING SECRETARY \_\_\_\_\_

**PTA USE ONLY:**

BUDGET CATEGORY \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

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