Blacksburg High School PTSO Reimbursement Voucher

Date: _____

Name: _____ Address: _____
Telephone Number: _____ Email: _____

Account to be debited: _____
(If your invoice reflects more than one account, please identify each and the amount that should be deducted from each)

ITEM	PLACE OF PURCHASE	AMOUNT
	TOTAL	

REMARKS:	TREASURER'S NOTES:	
	Invoice Received:	
	Date Paid:	
	Check Number:	
	Amount:	$