



Department of Education
Baguio City High School
PARENT-TEACHER ASSOCIATION, INC.

Form#	
November2022	

PTA REIMBURSEMENT VOUCHER

Payable to: _____ Date needed: _____
Address: _____ Phone: _____
Check requester: _____ Date: _____
Account to Debit: _____ Invoice #: _____

(If your invoice reflects more than one account, please identify each and amount to be deducted from each.)

Item	Place of Purchase	Amount
	TOTAL	

(Receipts are attached and sales tax will not be reimbursed)

Treasurer's Notes:

Date invoice received: _____

Plan of Work _____ Motion: _____

Date approved: _____ Paid: _____

Check Number: _____

Amount of Check: _____

Cash: _____

Remarks:

Treasurer's Signature: _____ Date: _____

President's Signature: _____ Date: _____

Attach receipt(s)

#learnerswelfareisparamount

Participatory
Transparency
Accountability
Integrity