

**GRAPEVINE HIGH SCHOOL PTSA
Check Disbursement/Reimbursement Voucher**

Name _____

Phone _____

Position / Title _____

Make check out to _____

Chairman Signature _____

President's Signature _____

My Reimbursement Check:

_____ send it to address shown

Address _____

_____ Call me, I'll pick it up

_____ Place it in my "Mailbox" at school

Budget line item to be debited: _____

(if your invoice contains more than one budget line item, please identify each line item, and the amount deducted from each.)

Please attach receipts or invoices .

Item Description	Vendor	Amount

Note: GHS PTSA DOES NOT PAY SALES TAX.
SALES TAX IS NOT REIMBURSABLE.

Total \$ _____

The following forms are available for you to use:
Sales tax exemption for items used by the PTA
Resellers exemption for items bought for resale

Treasurer's Notes:

Invoice received _____

Date Paid _____

Check Number _____

Check Amount _____

Comments: _____

Please call me with any questions! Thank you, Julie Lancaster 817-329-0497
Fax 817-251-4356