



MARY HELEN GUEST ELEMENTARY

Payment/Reimbursement Voucher

DATE: _____ SUBMITTED BY: _____

WHO TO PAY: _____ PHONE #: _____

EMAIL: _____

COMMITTEE/EVENT: _____ TOTAL: _____

HOW SHOULD WE REIMBURSE YOU: ☐ CHECK ☐ ZELLE*

*PLEASE CONFIRM INFO ABOVE IS CORRECT FOR
TRANSFERRING FUNDS AND BANKING INSTITUTION ACCEPTS
ZELLE AS PAYMENT.

1. PLEASE FILL OUT THIS FORM COMPLETELY
2. RECEIPTS, INVOICES, OR CONTRACTS MUST BE ATTACHED TO THIS FORM IN ORDER TO RECEIVE PAYMENT/REIMBURSEMENT
3. GIVE THIS FORM WITH ATTACHED DOCUMENTATION TO ERIN LEYBOURN OR LEAVE IN THE TREASURER BOX IN THE MAIL ROOM.

ANY QUESTIONS, PLEASE EMAIL ERIN LEYBOURN: TREASURERMHGUESTPTA@GMAIL.COM

FOR TREASURER'S USE ONLY

CHECK OR ZELLE # _____ DATE PAID: _____

FOR ZELLE PAYMENTS: SIGNATURE OF TWO CHECK SIGNERS

1. _____ 2. _____

PRINCIPAL REVIEW SIGNATURE: _____