

**Valley Oaks Elementary PTA
Teacher Resource Account
Voucher**

Name: _____ **Date:** _____

Grade Level/Area (Block, Specialist, Coach): _____

Total Reimbursement Requested: _____

Items being reimbursed:

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: _____

Attach receipts to this request form and place in Teacher Resource Account file tray on the PTA shelf in the teacher workroom.

Questions? Contact Committee Chairperson: **Beth Riley**
briarwild@comcast.net

Teacher's Signature: _____