



Goosehill Parent Teacher Group
Expense Reimbursement Voucher 2023-2024

Name _____

Date _____

Address _____

Circle preferred method of reimbursement CHECK or ZELLE

Event _____

Description/Purpose

Amount (receipts attached)

TOTAL: _____

Please submit voucher and related receipts as soon as event is completed.
Please list all items bought for the event, including donated items.

Mail voucher directly to:

Ana Cannava
25 Glen Way
Cold Spring Harbor, NY 11724

Feel free to contact me with any questions:
ghptgtreasurer@gmail.com
908-578-9066

For office use only
Check # _____
Date Paid _____
Amount _____