



**Goosehill Parent Teacher Group**  
**Expense Reimbursement Voucher 2024-2025**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Circle preferred method of reimbursement CHECK or ZELLE

Zelle Number/email: \_\_\_\_\_

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<u>Event</u>	<u>Description/Purpose</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____