Centennial High School PTSA 4300 Centennial Lane Ellicott City, MD 21042

2022-2023 Reimbursement Form/Payment Voucher

Pay the Amount of $

To:

For:

Attach Original Receipt or Invoice

Date:

Requested By: Committee:

**------------------------------------------------------------------------------------------------------------**

*(Below dotted line to be completed by Treasurer)*

Budget Information Charge To: Date Paid: Check #:

Treasurer’s Signature: