



## Expense Voucher

DATE: \_\_\_\_\_  REIMBURSE       DONATION(to PTA)     MAIL       PICK UP

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

NOTE: ALL RECEIPTS AND/OR APPROPRIATE LOGS ARE REQUIRED FOR REIMBURSEMENT

DATE	PTA ACCOUNT	ITEM OR EXPENSE	AMOUNT
<b>TOTAL</b>			

**APPROVED BY:**

Chair: \_\_\_\_\_ Board Member: \_\_\_\_\_

Treasurer: \_\_\_\_\_ President: \_\_\_\_\_

**REFUSED BY:**

Reason: \_\_\_\_\_  
 \_\_\_\_\_

Payment Made:	Circle One	Initials:
Date: _____	Picked Up	
Date: _____	Mailed	

Date Paid	
Check Number	