

EXPENSE VOUCHER

REIMBURSE

DONATION (TO PTA)

MAIL

PICK UP

DATE REQUESTED:

PAYABLE TO:

ADDRESS:

PHONE NUMBER:

PLEASE ATTACH RECEIPTS

DATE	REIMBURSEMENT ACCOUNT	DESCRIPTION	AMOUNT

TOTAL: \$

REQUESTED BY:

PRESIDENT APPROVAL:

DATE:

TREASURER APPROVAL:

DATE:

DATE PAID:

CHECK #:

AMOUNT: