



VOUCHER FORM 2023-2024

****Must be turned in within 2 weeks of the event****

Amount: \$ _____ Date: _____

Check Payable To: _____

Address: _____

Requested by: _____

Phone #: _____ Email: _____

I am submitting reimbursement/check request for PTSA Committee/Event:

Itemized Expenditure(s): Please give a brief description. Please attach original receipts and invoices to this voucher. **Sales tax cannot be reimbursed.**

Voucher Approved by: _____
(President or VP)

Approved by: _____ Treasurer

If questions, please contact the PTSA Treasurer at cronemspts@gmail.com

Treasurer's Use Only

Check #: _____	Amount: \$ _____	Date: _____
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