

Field PTA Expense Voucher

Note: Please *staple* all receipts to this form for reimbursement; no payments will be made without supporting receipts. For approval, please put in PTA mailbox marked "PTA President".

For Treasurer's Use Only

Check # _____

Date: _____

Date: _____ **Amount:** _____

Payable to: _____

Return check to: _____ (if to be mailed, include address)

Budgeted line items: (please check appropriate box(es))

Room parent (specify teacher) _____

Teacher supplies

Programs/Events (please specify) _____

Administrative (please specify) _____

Other (please specify) _____

Expenses Itemized:

Signature of Person Requesting Reimbursement

Treasurer Approval

President or Vice President Approval