

Bryan Middle School PTA

Expense Voucher-Reimbursement Request Form

Date Requested: _____ Total Amount Requested: _____

Payable to: _____

Address: _____

Mail: Yes or No (circle one)

If no, return check to: _____ Address: _____

PTA Committee/PTA Expense: _____

Itemized Expenses: Amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Comments _____

Signature of Committee Member

Phone _____

Each voucher must have a receipt.

Please staple all receipts/invoices to this voucher.

**Return to Bryan Middle School PTA Treasurer
Maureen Franchi – 15W444 Concord St
Or Bryan school office PTA mailbox**

For treasurer's use only Date _____ Check # _____