

Eastampton Community School PTA



For The Children

1 Student Drive • Eastampton, New Jersey 08060

PTA Expense Voucher

Date of Request: _____

Event Type/Date (if applicable): _____

Requested By: _____

Contact Information: phone _____

email _____

Amount to be refunded: **\$** _____ *(tax excluded)*

Payable to: _____

Address (if required) _____

Reason for Check _____

Method to receive check:

Mail _____

School _____

Pick-Up _____
(At treasurer's residence)

Student _____
Name of Student _____
Grade/HR Teacher: _____

******* PTA EXECUTIVE BOARD ONLY BELOW THIS LINE *******

President/Vice President Approval: _____
(Signature)

Treasurer Comments (if applicable) _____

Check Date: _____ *Check No:* _____ *Amount:* _____

Account Charged: _____