Date: _____

Check #: _____

Date Paid: _____

Treasurer Only

Parmalee Elementary PTA
EXPENSE VOUCHER
2016-2017 School Year

Budget OK _____

Receipts OK _____

Treasurer Only

(If over BUDGET amount, approved by:)

_____

PTA President

DATE	COMMITTEE	ITEMS/EXPLANATION	AMOUNT

Check payable to: _____ Total Amount $ -

(Please Print)

Signature of person requesting reimbursement: _____

Deliver to: _____ _____

(Please Print) or mail to:

_____

Additional Comments: _____

_____

In order to maintain accurate records, this voucher form must be completed for each PTA expense.
All receipts (or photocopies of receipts) must be attached and returned to me as soon as possible.

Parmalee Elementary PTA Treasurer: **Candace Coker**

ParmaleePTA@Hotmail.com