

PETERSON PTA EXPENSE VOUCHER

Date: _____

Submitted by: _____

Make check payable to:

Name _____

Address: _____

City, State: _____

Phone: _____

Budget account(s) to be charged:

Amount:

Special Notes:

President's Approval

Treasurer's Approval

ATTACH ALL RECEIPT/INVOICES

Note: Reimbursement will not be made without a receipt/invoice.

FOR TREASURER'S USE ONLY:

Check # _____

Date Paid _____

Amount _____