

Date: _____ Check# _____ Date Sent: _____

Gayhead Elementary School PTA Expense Voucher

Requested by: _____

Committee: _____

Committee Chairperson Signature: _____

Date: _____ Please deliver check: _____ by mail
_____ at PTA meeting
_____ to PTA mailbox

Pay to: _____

Address: _____

*** Expenses Incurred ***

	Date	Description	Amount	
			Dollars	Cents
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		Total: \$		

Please attach ALL receipts and invoices. Thanks!

(Please circle items purchased for the PTA, if bought along with personal items)

Notes: