

TAYLOR ROAD MIDDLE SCHOOL PTA EXPENSE VOUCHER

Please complete this voucher for any authorized expenses incurred. Supporting receipts/invoice **MUST** be attached.

Your name _____ Phone _____

Date submitted _____ Amount of check _____

Make check payable to _____

Mail check to address: _____ or _____ Send check home with: _____

(Child's name)

(Child's homeroom teacher)

Charge expense to:

Budget area (See other side) _____

Committee or event to charge _____

Description of expense _____

Your signature _____

Your VP's approval _____ Date _____

NOTICE:

Approval must be obtained on all purchases. Failure to obtain approval may result in the purchaser having to incur the expense. Signature of PTA President is required before Treasurer will issue check.

President's approval _____ Date _____

For TREASURERS'S USE (do not write below this line) _____

Date paid _____ Check# _____ Check amount _____