

Flocktown-Kossmann PTA Expense Voucher

Voucher Number

Please fill out this form, keep a copy for your records and return to PTA Treasurer.

Date _____ Name _____

Best way to reach you (email, text, phone) _____

Committee/Event _____ Event Date _____

Reason for transaction

Is this a budgeted expense? YES NO

(If no, please complete budget amendment request form.)

Make Check Payable To _____

Address _____

PLEASE CHECK ONE _____ return to the requesting committee member

_____ forward payment directly to payee

Amount Requested _____ Payment Deadline _____

Signature _____ Date _____

Request for expenditure/ reimbursement must be submitted to the PTA Treasurer within 30 days of the event. After 30 days, the expenditure will be considered a donation to the PTA and a receipt will be issued.

For Treasurer's Use

Date Rec'd _____ Method _____

Treasurer Approval _____ Date _____

Check# _____ Date Delivered _____ Budget Account _____