

Division Ave HS PTSA  
120 Division Avenue  
Levittown, NY 11756  
516-434-7150  
Susan Massoni- President



Check #: \_\_\_\_\_  
Amnt-\$ \_\_\_\_\_  
Treasurer's initials: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

## DAHS PTSA EXPENSE VOUCHER

**General Fund**    (circle one)    **Senior Award Fund**

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Email Address: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

Special Project: \_\_\_\_\_  
(Such as Conference, Workshop, Convention, etc.)

DATE	TYPE OF EXPENSE	PURPOSE/EVENT	AMOUNT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRESIDENT/Authorized Personnel Signature: \_\_\_\_\_

**\*\*ALL receipts must accompany voucher form for reimbursement**

Vouchers must be submitted to the treasurer immediately, but not later than 60 days after expense is incurred. Expensed pertaining to a particular event are to be submitted within two weeks after event.

**Please submit one copy for treasurer and keep one for your files.**