



Summit Lane PTA Expense Voucher



Name: _____ Check # _____ \$ _____
Treasurer's Initials/Date Check Issued _____

Address: _____

Phone #: _____

Expense Incurred as: Officer _____ Chairperson: _____

Committee/Budget Line: _____

DATE OF PURCHASE	PURPOSE/EVENT	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

MAKE CHECK PAYABLE TO: _____

SIGNATURE: _____ DATE: _____
(person submitting receipt)

PRESIDENT'S SIGNATURE: _____

***** ALL receipts must accompany expense voucher for reimbursement.**

Expense vouchers must be submitted to the treasurer immediately, but not later than 30 days after expense is incurred. Circle items on receipt that are eligible for reimbursement. Only officers and chairpersons may submit this form. SALES TAX IS NOT REIMBURSABLE—use tax-exempt form for purchases.

Submit 2 copies—one for treasurer and one for your records.