

THOMAS MIDDLE SCHOOL PTA

EXPENSE VOUCHER - 2016/2017

Check Request Date: _____

Amount Requested: _____

Payable to: _____

Committee Name: _____

Committee Account #: _____

Committee Authorization/Signature: _____

President's Signature: _____

Reason for Payment:

Attached original receipts, invoices and other verification to this form. Keep a copy of this completed form as part of your Committee's records.

Mail payment to:

Name: _____

Address: _____

City, State, Zip: _____

TREASURER'S RECORD (Do Not Write Below)

Voucher #: _____

Check Date: _____

Check Number: _____

Check Amount: _____

Notes: _____

Treasurer's Authorization: _____