

PHS PTO EXPENSE VOUCHER

CHECK#

Today's Date: _____

EXPENSE REIMBURSEMENT: Fill in this section if payment is to you

Make check payable to: _____

Signature: _____

Phone or email: _____

Event or Program Name: _____

Date (if event): _____

Description of expense: _____

Total of receipts attached: \$ _____

For office use only:

Date received: _____ Committee Chair approval: _____

Date check written: _____ Treasurer Approval: _____

CHECK REQUEST: Fill in this section if payment is to vendor

Make check payable to: _____

Address (if mailing check): _____

Date check needed: _____

Person requesting check: _____

Phone or email: _____

Event or Program Name: _____

Date (if event): _____

Description of expense: _____

Amount of check: \$ _____

For office use only:

Date received: _____ Committee Chair approval: _____

Date check written: _____ Treasurer Approval: _____