

Check #: _____ Date: _____

GAYHEAD ELEMENTARY SCHOOL PTA EXPENSE VOUCHER

Requested by: _____

Committee: _____

Committee Chairperson Signature: _____

Date: _____

Please deliver check: _____ by mail (complete below)
_____ at PTA meeting
_____ to PTA mailbox

Pay to: _____

Address: _____

*** EXPENSES INCURRED ***

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>

PLEASE ATTACH ALL RECEIPTS/INVOICES/ETC. THANKS!

NOTES: