

# STONEWALL ELEMENTARY PTA EXPENSE VOUCHER

Please attach all  
receipts here

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

Committee Account to Debit: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Amount of Reimbursement: \$ \_\_\_\_\_

Reimbursement check should be made out and mailed to: *(Please print)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Child's Name and Teacher: \_\_\_\_\_  
(if applicable)

Budget Category	Item(s) Purchased	Place of Purchase	Amount
Total \$			

***PLEASE ATTACH ALL ORIGINAL RECEIPTS and INVOICES***

Requested by: \_\_\_\_\_  
Full Signature

Approved: \_\_\_\_\_  
President' Signature

Approved: \_\_\_\_\_  
Treasurer' Signature

TREASURER'S NOTES	
Invoice Rec'd	_____
Check #	_____
Date Paid	_____
a. Budgeted Account	_____
b. Board Motion	_____
Date Approved	_____
NOT Approved	_____
c. Needs to be voted on	_____