<YOUR> PTA

PAYMENT Voucher

Payable to: Date needed:

Address: Phone:

Check requester: Date:

Account to Debit: Invoice #:

(If your invoice reflects more than one account, please identify each and amount that should be deducted from each account.)

|  |  |  |
| --- | --- | --- |
| Item | Place of Purchase | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total: |  |

(Receipts should be attached and sales tax will not be reimbursed)

|  |  |  |
| --- | --- | --- |
| Treasurer’s Notes: | | Remarks: |
| Date Invoice Received: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Paid: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Amount of Check: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ledger Post Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Chairman’s Authorization:

Printed Name:

President’s Signature:

Printed Name: <your PTA president’s name>

Treasurer’s Signature:

Printed Name: <your PTA treasurer’s name>

Attach receipt(s)