

**STONEWALL ELEMENTARY PTA EXPENSE VOUCHER**

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

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

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

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

Reimbursement Check Details

Please check one (complete appropriate section below):

Mail

Send Home

Mail

Send Home

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

Zip: \_\_\_\_\_

Budget Category	Item(s) Purchased	Place of Purchase	Amount
<b>TOTAL</b>			

**Please attach all *original* receipts and invoices**

Requested By: \_\_\_\_\_

Requester Phone: \_\_\_\_\_

Approved: \_\_\_\_\_

Approved: \_\_\_\_\_

Treasurer's Notes	
Check #	_____
Date Paid	_____