

Crone PTSA



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**VOUCHER FORM 2016/2017**

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

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

Requested by: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I am submitting reimbursement/check request for PTSA Committee/Event:

\_\_\_\_\_

**Itemized Expenditure(s):** Please give a brief description if it is not obvious on the receipt. Please attach original receipts and invoices to this voucher. Sales tax cannot be reimbursed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Chair Approved by: \_\_\_\_\_  
(Responsible Committee Chair)

Approved by: \_\_\_\_\_  
(Shelley Morgan, President; Jennifer Cooney, VP; Marc Poulos, VP)

Approved by: \_\_\_\_\_ Karri Alagna, Treasurer

If questions, please contact Karri Alagna at [alagnapta@yahoo.com](mailto:alagnapta@yahoo.com)

Treasurer's Use Only

Check # _____	Date of Check _____
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