

Crone PTSA



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

Treasurer's Use Only

Check # _____	Date of Check _____
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