

Wiesbrook PTA Expense Voucher

Requested by: _____
Committee: _____
Date: _____

Itemized Expenditures*:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total \$ requested \$ - (no sales tax should be included)

****PLEASE ATTACH ALL ORIGINAL RECEIPTS AND INVOICES**

Reimbursement checks will be placed in PTA black box. Please check box at left and provide address below if you would like to receive your check in the mail.

Chairperson signature (required)

President signature

Treasurer signature

For Treasurer's Use Only:	
Check :	_____
Date	_____
Category	_____