



Expense Voucher Euclid School PTA 2015-2016

Date: _____

Budget: _____

Amount Requested: _____

Payable To: _____

Committee/Event: _____

Date of Event: _____

Committee Chair: _____ Phone #: _____

Date:	Reason For Expense	Amount

Total Amount: _____

Signature of Committee Chair: _____

For PTA Board Only

Approved By: _____
(Signature of Treasurer and Date)

AUDIT TRAIL: _____
(Date of Check and Check Number)

Receipt Attached: _____ YES _____ NO

Comment(s): _____