

# Levittown Council of PTAs

## EXPENSE VOUCHER

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Check #: \_\_\_\_\_ \$ \_\_\_\_\_

Treasurer's Initials/Date Check Issued  
\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

Expense incurred as: Officer \_\_\_\_\_ Chairman \_\_\_\_\_

Special Project: \_\_\_\_\_

(Such as Conference, Workshop, Convention, etc.)

DATE	TYPE OF EXPENSE	PURPOSE/EVENT	AMOUNT
	SUPPLIES		
	POSTAGE		
	PRINTING		
	TELEPHONE		
	OTHER		
	OTHER		
	OTHER		

TOTAL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRESIDENT/1<sup>ST</sup> VP SIGNATURE \_\_\_\_\_

Attach ALL bills and/or receipts to white copy

Vouchers must be submitted to the treasurer immediately, but not later than 60 days after expense is incurred. Expenses pertaining to a particular conference/workshop are to be submitted within two weeks after the event.

**Please submit 2 copies, one for Treasurer, one for your files.**