

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/1ST 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.