



**SBCE  
PTA**

## Expense Voucher & Check Request

Please complete this voucher for reimbursement of expenses incurred as a result of performing service on behalf of the PTA. Supporting receipts **MUST** be attached. If you have any questions, please contact the treasurer.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Total reimbursement requested: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

**Please select one:**

Mail check to address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send check home with:

child's name: \_\_\_\_\_

child's teacher: \_\_\_\_\_

child's grade: \_\_\_\_\_

Place in School mailbox

Place in PTA mail folder

Budget area/Committee:

\_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ VP Approval: \_\_\_\_\_  
(your signature)

### FOR TREASURER'S USE

Authorization: \_\_\_\_\_  
(PTA President)

\_\_\_\_\_  
(PTA Treasurer)

Date Paid: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Check # : \_\_\_\_\_

Category: \_\_\_\_\_