

PTA VOUCHER FORM

Requested By: _____
Print Name

Date: _____

Approved By: _____
Committee Chair or Officer Signature

Committee: _____

Sub-Committee: _____
Budget Line Item Charged

Payment is For: _____

Payment To: _____
Name

Address

City, State, Zip

Child's Name: _____

Child's Class
at Clow: _____

Amount of
Payment: _____

*****ATTACH ALL RECEIPTS AND INVOICES TO VERIFY PAYMENT*****

(To Be Completed By Treasurer)

Date Paid: _____ Check Number: _____ Amount: _____