



## **VOUCHER FORM 2019/2020**

## \*\*Must be turned in within 2 weeks of the event\*\*

Amount: \$	Date:
Check Payable To:	
A dalan and	
Phone #:	Email:
I am submitting reimburse	ment/check request for PTSA Committee/Event:
	Please give a brief description. Please attach <u>original</u> receipts and <u>Sales tax cannot be reimbursed.</u>
Board Chair Approved by:	(Doreen Booth or Sarah Stevens)
Voucher Approved by:	(Lindsay Kraai, President; Lauren Gaither, Secretary)
Approved by:	Donna Tipton, Treasurer
If questions, please contact	ct Donna Tipton at <u>croneptsatreasurer@yahoo.com</u>
	Treasurer's Use Only
Check #:	Date of Check: