

FORK LANE PTA
EXPENSE VOUCHER

ATTACH ALL BILLS AND/OR RECEIPTS FROM PTA ACTIVITIES TO THIS
FORM AND SUBMIT TO THE TREASURER WITHIN 30 DAYS OF EXPENSE.

PLEASE CIRCLE ONE ALLOCATION: **GENERAL PTA** OR **5TH GRADE**

NAME OF ACTIVITY/COMMITTEE: _____

CATEGORY FOR EXPENSE: _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

MAKE CHECK PAYABLE TO: _____

TOTAL AMOUNT REQUESTED: _____

SIGNATURE: _____ **DATE:** _____

Questions? PTA Treasurer Kathleen DeVito Cell # 516-476-5161 or email at kdevito715@gmail.com

For Office Use Only:

Check # _____

Amount \$ _____

Date _____

Account #: _____