

The PTA of Arongen Elementary School  
489 Clifton Park Center Road  
Clifton Park, NY 12065

**PTA Expense Voucher**  
**Request for reimbursement or payment**

**Receipts or a purchase order/contract must be attached.**

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

Make Check Payable to: \_\_\_\_\_

Recipients Contact information

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Activity/Account to Charge: \_\_\_\_\_

Describe the expenses and the related activity. If multiple activities, please specify activity and amount.

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

Voucher Requested by: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ E-Mail \_\_\_\_\_

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Treasurer Notes – Please do not write in this area

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

In Computer: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Notes:

**\*\*\*\*A Receipt or Purchase Order MUST be attached\*\*\*\***