

Nesaquake Middle School PTA

EXPENSE VOUCHER

Date: _____

Name _____

Address: _____

Phone# _____

Committee _____

Item	Purpose of Expenditure	Amount

Total \$ _____

* PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THE BACK OF VOUCHER*

Remarks: _____

Signature: _____

For Treasurer's Use Only

Date Paid _____

Check Number _____

Amount Paid _____