LINCOLN SCHOOL PTA

CHECK REQUEST/EXPENSE VOUCHER

ALL LINES MUST BE FILLED IN OR VOUCHER WILL BE RETURNED.

DATE:_____

NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

AMOUNT OF REQUESTED EXPENSE:_____

PAYABLE TO:_____

DATE	REASON FOR EXPENSE	AMOUNT

Receipt Attached: _____Yes _____No

If no, date receipt will be submitted:_____.

Signature of Person Requesting Check:_____

Signature of Committee Chair, if not person above:_____

Approved:_____ _____
Treasurer's Signature Date

Check # & Date Issued:_____

Account Charged To:_____