

# PMS PTA EXPENSE VOUCHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Date:	Purpose	Amount
	<b><i>Note: Sales Tax is not reimburseable</i></b>	
	Grand Total	

*To be completed by Executive Board member:*

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Budget Category: \_\_\_\_\_

To receive expense reimbursement:  
 Please complete form and attach receipts. Multiple receipts are acceptable.  
 Please leave in PTA Mailbox at School or forward to: Jackie Stone, PMSPTA Treasurer  
 17 Hays Hill Rd. Pleasantville, NY 10570