



Neuqua Valley High School PTSA

PTSA EXPENSE VOUCHER

Submitted by: _____

Date Submitted: _____

Amount Requested: _____

Committee Name: _____ Event: _____

Itemized Expenditure(s) with receipts attached; **Please use tax exempt letter:**

To whom should payment be made:

(Name)

(Address)

(City, State, Zip) () (Phone)

Approved by: _____
(Executive Liaison Signature)

*** Per the PTSA Standing Rules: "Reimbursement requests will be presented to the treasurer within 30 days upon completion of an activity and will include all receipts for said activity."**

Treasurer's Use Only

Check # _____	Date of Check _____
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