

SCARSDALE HIGH SCHOOL PTA EXPENSE VOUCHER

Make check payable to:

Name _____

Address _____

Phone/Contact _____

Mail check to:

Name _____

Address _____

Date	Vendor	Purpose of Expense	Receipt	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check Total _____
(Sales Tax will not be reimbursed)

Submitted by/Committee _____

Please affix receipts to back of voucher and submit to PTA Treasurer:

Geralyn Dellacava
22 Oak Lane
Scarsdale (723-3520)

For Treasurer's use:

Date _____ Check # _____ Amount _____

Budget Line _____