



ALPHARETTA HIGH SCHOOL PTSA EXPENSE VOUCHER

Please complete this voucher for any authorized expenses incurred. Original receipts must be attached. Note: VP approval must be obtained on all purchases. Failure to obtain VP approval may result in the purchaser having to incur the expense. Signature of the PTSA President is required before the Treasurer will issue a check.

Name: _____ Phone: _____

VP Name: _____

Committee: _____

Explanation of Expenses: _____
(List items purchased)

Date Submitted: _____ Amount Requested _____

Make check payable to: _____

*Please put check in the PTSA file ____ or mail to address noted below:

Submitted by: _____

Your VP's Approval _____

President's Approval _____

*****Do not write below this area*****

Date Received: _____

Date Paid: _____

Check #: _____

Amount Paid: _____