



New York State Congress of Parents and Teachers, Inc.
Branch of the National

Newfane PTA • 2909 Transit Rd, Newfane NY 14108 • 716-531-2844

EXPENSE VOUCHER
(Unit Code # 11-119)

NAME: _____ PHONE: _____ DATE: _____

ADDRESS: _____ POSITION: _____

DATE:	ITEM:	ACTIVITY/PURPOSE:	AMOUNT:

GRAND TOTAL: \$ _____

President: _____

Date: _____ **Ck #:** _____

For Treasurer's Use:

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Submit voucher to Treasurer. Keep a copy for your records. **ATTACH** all appropriate sales receipts/ or copies of bills. Be sure to fill in the Activity/Purpose column. Please separate items by Activity/Purpose.

