South Side Middle School PTA Expense Voucher

Name:		
Address:		
Phone #:		
Email Address:		
Make check payable to:		
Date of request:		
Type of Expense	Purpose / Event	Amount
	Total	\$
Signature:		
President's Signature:		
(Required for non-budgeted expenses)		
Diago attach original hills/ra	soints and submit property to	
	ceipts and submit promptly to	•
Faith Varley	o NV 11570	
74 Park Lane, Rockville Centr	e, NY 1157U	
Fm221@yahoo.com		

For Treasurer's Use:	
Check #:	
Date check issued:	
Acct:	Amt: