

# Armstrong Elementary PTA Voucher Request

For: Reimbursement\_\_\_\_\_ Payment\_\_\_\_\_ Advance\_\_\_\_\_

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Please complete the following information, including the signature of the Committee Chairperson. A president's signature is needed only when the requested amount is over the approved budget. Please be sure to attach ALL receipts before submitting this form for payment to the Treasurer. Provide an email address if you want to be notified of the check status.

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## Payment Information

Date due: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Charge to committee/account: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

Total amount: \_\_\_\_\_

Person requesting payment: \_\_\_\_\_

Reason for payment: \_\_\_\_\_

Notes (mailing address/email):

## Approved by:

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
President

\_\_\_\_\_  
Treasurer

Date paid: \_\_\_\_\_

Amount: \_\_\_\_\_

Check#: \_\_\_\_\_