

**BURR PTA EXPENSE VOUCHER**

**Date:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

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

**Committee Name:** \_\_\_\_\_

**For:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send reimbursement home with my child**  
**Teacher's Name:** \_\_\_\_\_

**Send reimbursement to:**  
**Vendor Name:** \_\_\_\_\_  
**Vendor Address:** \_\_\_\_\_  
\_\_\_\_\_

**Please leave reimbursement in PTA Mailbox**

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**ACCOUNT: (For Treasurer Use Only)**

**Name:** \_\_\_\_\_

**Number:** \_\_\_\_\_

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

**Check Date:** \_\_\_\_\_