

**Indian Trail
Parent Teacher Association**

PTA District 30, Incorporated

EXPENSE VOUCHER / CHECK REQUEST

Date _____ Amount requested \$ _____

Check Payable To _____

Expense to be charge to Committee: _____

Notes / Details (If ANY) _____

PLEASE ATTACH ALL INVOICES & RECEIPTS

SIGNATURE OF PERSON REQUESTING: _____

-TREASURER-	Check # _____	Date _____
	Approved by _____	

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