

WESTERN REGION PTA
 New York Congress of Parents and Teachers, Inc.
 -Branch of the National-

EXPENSE VOUCHER

Name _____ Position _____ Date _____
 Address _____ Phone _____
 _____ Signature _____

MILEAGE	Date	To & From - Passengers	Miles	x 20¢	Amount
TELEPHONE	To Whom & Purpose				Amount
POSTAGE	To Whom & Purpose				Amount
MISCELLANEOUS	Event/Description of Expense				Amount

Please make check payable to: _____ Amt Due \$ _____

Mail check to: _____

(If different than above) _____

Instructions:

1. Sign voucher and submit to Treasurer immediately, but no later than 30 days after expense is incurred.
2. Attach all original bills/receipts: hotel, transportation, supplies, phone, and explanation. Use reverse side if needed.
3. Reminder – Sales tax will not be reimbursed.
4. Any expense over \$25 must be approved by Region Director prior to purchase.
5. Save a copy for your files.

For Treasurer's Use		
Budget Code _____	\$ _____	Date _____
Budget Code _____	\$ _____	Ch No. _____
Budget Code _____	\$ _____	Amt \$ _____