

LINCOLN TITUS PTA DEPOSIT/EXPENSE VOUCHER

Deposits

Date: _____
Submitted by: _____
Signature: _____
Tel #: _____
Email: _____
Committee Chair: _____
Event/Category: _____

Deposits of multiple checks should include a
total # of checks and total amount.

Cash \$ _____
Checks \$ _____
(# of checks _____)
Total Deposit \$ _____

Expense

Date: _____
Requested by: _____
Signature: _____
Tel #: _____
Email: _____
Committee Chair: _____
Event/Category: _____
Amount: \$ _____

Please attach all receipts and bills.

Request for:
 Reimbursement
 Direct payment to vendor

Purpose: _____

Make check payable to:

Child's name: _____
Grade/Teacher: _____

Questions? Contact LT PTA Treasurer, Andrea Fatica LTPTATreasurer@gmail.com

(for Treasurer Use)

Date Received: _____
Date Deposited: _____

(for Treasurer Use)

Date Received: _____
Date Paid: _____
Check #: _____