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## EXPENSE VOUCHER

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_

OFFICE USE ONLY:

CHECK#: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

TREASURER INITIALS: \_\_\_\_\_

METHOD OF DELIVERY: \_\_\_\_\_

Expense incurred as: Officer: \_\_\_\_\_ Chair: \_\_\_\_\_ General Member: \_\_\_\_\_

Budget/Expense Line: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:**

\_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRESIDENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Kindly submit Expense Vouchers in a timely manner but no later than 60 days after expense is incurred. Please note that checks cannot be issued without itemized receipts and/or invoices attached to this form.*

*George H McVey PTA is a 501(c)(3) tax exempt organization under the Internal Revenue Code. When purchasing anything for the PTA and seeking reimbursement please use NYS Tax Form ST-119.1 as we are not permitted to reimburse for sales tax.*

**Thank You for your support and dedication to the children of McVey.**