

Plum Grove PTSA
Check Request Voucher

Date _____ Amount _____

Payable to _____

Requested by _____

Committee/Budget Category _____

Description of Expense _____

Signature of Person Requesting Reimbursement

Signature of Committee Chair

Return Check to _____
(If check is to be mailed, include mailing address)

Attach all receipts and invoices

For Treasurer's use only

Check # _____ Date _____
