

**City High-Middle PTSA  
Payment and Expense Reimbursement Voucher**

|                 |
|-----------------|
| For use by PTSA |
| Date            |
| Check No.       |
| Amount          |

Date submitted (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Submitted by: \_\_\_\_\_

Pay to: \_\_\_\_\_ Amount: \_\_\_\_\_

Address if return by post required: \_\_\_\_\_

\_\_\_\_\_  
Description of event: \_\_\_\_\_

\_\_\_\_\_  
Is a receipt attached (required)? Yes No

Approval: \_\_\_\_\_