SPS PTA

EXPENSE VOUCHER (as of)

|  |  |
| --- | --- |
| **Event:** |  |
| **Check Due Date (where applicable)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** **(expense incurred)** | ITEM DESCRIPTION  | BUDGET LINE/ACCOUNT | AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total |  |

**CHECK PAYABLE TO:**

**Mail**

**Check**

**To:**

|  |  |
| --- | --- |
| NAME: |  |
| ADDRESS:  |  |

*\*\* NOTICE: EVEN IF NO REIMBURSEMENT IS NECESSARY, PLEASE NOTE THE EXPENSE ITEM WITH A $0 AMOUNT IN THE PAYABLE COLUMN.*

|  |  |
| --- | --- |
| **SUBMITTED BY:**  |  |
|  |  |
| **APPROVED BY:**  |  |
|  |  |
| Signature:  |  |
|  |  |
| Print Name/Position: |  |

Tax I.D. #:

**COMPLETED FORMS WITH RECEIPTS SHOULD BE SENT TO:**

*For bookkeeper use only*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Online Payment Confirmation #: |  | Amount |  | Date Paid |  |

INSTRUCTIONS FOR COMPLETING AND SUBMITTING EXPENSE VOUCHERS

**INSTRUCTIONS:**

* Reimbursement requests must be filed within 30 days of incurring the expense.
* Check due date field must be completed when the check is for payment to a vendor or outside party, rather than a reimbursement for a cash outlay.
* ***Your expense reimbursement check will be mailed directly from our bank to your mailing address provided on the form.***

**COMPLETED FORMS WITH *RECEIPTS* SHOULD BE SENT TO:**

*ptatreas@stpaulsofprinceton.org*