South Side High School PTA

Expense Voucher

Name

Address

Phone #

Email Address:

Make Check Payable to:

Treasurer's Initials: Date:

Date	Type of Expense	Purpose / Event	Amount

Grand Total

Signature: Date:

President's Signature:
(required for non-budgeted expenses)

Attach original bills/receipts*

***Kindly submit bills/receipts promptly after expense is incurred (within 30 days)**