Payment Request * Reimbursement Voucher * Deposit Receipt

Your Name: ________________________ Today’s Date: _________

Committee, Club, or Event: ________________________________

EXPENSE: Amount to be PAID: $__________ Due By: ________________
Make check payable to: ________________________________
Description of purchase: ________________________________
Debit Card Transaction: Where: ______________ Amount: $_______ Date: ______

INCOME: Amount to be DEPOSITED: Cash $_______ Checks $_______ TOTAL $_____
Description of income: ________________________________

~~~~~~~~~~~~~~~ DO NOT WRITE BELOW THIS LINE ~~~~~~~~~~~~~~~

TREASURER’S USE ONLY

EXPENSE: Date Paid ________ Circle one: Debt or Check: ck# ________ Amount $_______
INCOME: Date of Deposit ________ Cash $_______ Checks $_______ TOTAL Amount $_____
Budgeted Line Item ___________________________________________________________

Which budget category does the expense or income belong to? Circle one.
Operational  Educational  Charitable

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