

TRUMBULL HIGH SCHOOL PTSA EXPENSE VOUCHER

Please print clearly:

DATE: _____

NAME: _____ PHONE: _____

ADDRESS TO MAIL CHECK TO: _____

TOTAL AMOUNT: _____

Committee:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Excellence | <input type="checkbox"/> After School Snacks | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Faculty Breakfast | <input type="checkbox"/> Fashion Show | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Post Prom | <input type="checkbox"/> Powder Puff | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Reflections | <input type="checkbox"/> Scholarships | <input type="checkbox"/> School Photos |
| <input type="checkbox"/> Sunshine | <input type="checkbox"/> Teacher Appreciation Week | <input type="checkbox"/> Volunteer Coordinator |

GENERAL EXPENSES:

- Operations (Bk Service Chgs) (Postage, Mailing) (Printing & Copying) (Web, Email Exp.) (Operations – Other)
- Principal’s Discretionary Acct.
- PTSA Convention
- PTSA Council Dues
- PTSA Insurance
- SAT-ACT Practice Test Expenses
- TPAUD

FUNDS USED FOR: _____

(Description) _____

SIGNATURE: _____

Please attach all receipts to this voucher. (Please keep copy for your records)

For payment, please mail to:
 Jennifer Coty, 82 Under Cliff Rd, Trumbull, CT 06611
 Phone: 203-545-7309 cell
 Or place in PTA Mailbox in Main Office

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For Treasurer's Use Only	
Date Paid: _____	Account: _____
Check No: _____	Amount: _____