LINCOLN INTERMEDIATE PTSA

Expenditure Voucher

Date Paid:

Check Number:

Date of Request:

Funds Needed By Date:

Date and Time of Event/Trip/Project:

Description of Event/Trip/Project:

Total Cost of Event: $

Amount Requested From PTSA: $

Signature of Person Requesting:

Make check payable to:

Date of Presentation to PTSA:

President's Signature **Date:**

Treasurer's Signature **Date:**

Attach invoice, correspondence or contract if available.