

FAIRVIEW PTA EXPENSE VOUCHER

Date _____

Amount \$ _____ Payable to _____

Committee Name _____ Amt. Budgeted \$ _____

Committee Chair Signature _____
(Must have signed before turning in to Treasurer)

Return check/Mail to: _____

PLEASE REMEMBER TO ATTACH ALL RECEIPTS OR INVOICES

For Treasurer's Use Only: Check # _____ Date _____

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