

LOWELL SCHOOL PTA VOUCHER

VOUCHER # _____

DATE: _____

SUBMITTED BY: _____

(Remember to attach all ORIGINAL invoices & receipts)

PAY TO THE ORDER OF: _____

MAIL TO **OR**

DELIVER VIA SCHOOL TO: _____

(circle one)

CIRCLE ONE: DESCRIPTION OF INCOME/EXPENSE COMMITTEE AMOUNT

INCOME**

EXPENSE

SIGNATURE OF COMMITTEE CHAIR/CO-CHAIR: _____

** Complete Income Detail Form if necessary

FOR PTA TREASURER USE ONLY: CHECK # _____ / DEPOSIT AMT \$ _____

COMMITTEE: _____

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