

RMS PTO EXPENSE VOUCHER

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| CHECK# |
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Today's Date: _____

EXPENSE REIMBURSEMENT:

Make check payable to: _____

Signature: _____

Phone or email: _____

Event or Program Name: _____

Date (if event): _____

Description of expense: _____

\$\$ Total of Receipts attached: _____

Approval: _____

CHECK REQUEST:

Make check payable to: _____

Address (if mailing check): _____

Date check needed: _____

Person requesting check: _____

Phone or email: _____

Event or Program Name: _____

Date (if event): _____

Description of expense: _____

\$\$ amount of check: _____

Approval: _____