

Bloomfield PTSA
Expense Voucher

Submitted by: _____ Date: _____

Check should be sent to: _____

(Name & Address) _____

Expenses: _____ Amount \$ _____

Total \$ _____

Please attach receipt(s) or invoice(s).

FOR ACCOUNTING PURPOSES ONLY

Accounts to be charged: _____ \$ _____

_____ \$ _____

_____ \$ _____

Paid by Treasurer: Check # _____ Date: _____

Posted to Ledger: Item # _____