



2009-2010 Kendall PTA
Together making a difference in the lives of our children

PTA VOUCHER

Submitted by: _____

Date Submitted: _____

Amount: _____

Committee Name: _____

Itemized Expenditure(s) with receipts attached, no taxes will be reimbursed:

To whom should payment be made?

(Name)

(Child's name and class for check to be sent)

Approved by: _____
(President or Standing Chair, or Room Parent Chair)

Treasurer's Use Only

Check # _____	Date of Check _____
----------------------	----------------------------