

ARTHUR SCHOOL PTA
2630 B AVENUE NE
CEDAR RAPIDS, IA 52402

EXPENSE VOUCHER

Submitted by: _____

Make check payable to: _____

Event: _____

Itemized expense and amounts: (receipts must be attached)

VOUCHER MUST BE SIGNED BY TWO MEMBERS OF THE EXECUTIVE BOARD

Treasurer: _____ Amount: \$ _____

President: _____ Area: _____

Date: _____ Check #: _____