

Pattison Elementary PTA Payment Voucher

Make Check Payable to: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

ITEM #	ACCT. CHARGED	DESCRIPTION	AMOUNT
TOTAL AMOUNT OF THIS CHECK:			\$

Person Requesting Payment: _____

Person Authorizing Payment: _____

President's Signature: _____

Treasurer's Signature: _____

TREASURER'S NOTES		
Receipt Attached:	Yes: _____	No: _____
Date Paid: _____	Check #: _____	
Remarks: _____		