

**EXPENSE VOUCHER**  
**Encinal School PTO**



**PTO Use Only**

EN	_____
RB	_____
DT	_____
CA	_____
CN	_____

Date: \_\_\_\_\_

Committee: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Leave in PTO/Staff Box: \_\_\_\_\_  
(for any who have a folder or box)

Mail to This Address: \_\_\_\_\_  
(for vendors only)

Date Check Needed: \_\_\_\_\_

Allow 10 days for normal processing, for RUSH processing contact Bob Rider Treasurer at bob\_riderjr@yahoo.com.

Description of Expense:

\_\_\_\_\_  
\_\_\_\_\_  
Amount \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Amount \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Amount \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Amount \$ \_\_\_\_\_

Check Total \$ \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Submitter: \_\_\_\_\_

Committee Chair Approval: \_\_\_\_\_

Fill out form completely, print, sign, obtain approval from Chair, and submit with receipts to the Financial Secretary.