

SCMS PTSA Deposit/Expense Voucher

Deposits

Deposit made by: _____

Telephone: _____

Committee: _____

Event: _____

**Deposits of multiple checks
should be accompanied by a
detailed list, including name
on check, check # and amount**

Cash: \$ _____

Checks: \$ _____

TOTAL DEPOSIT \$ _____

YOUR SIGNATURE: _____

TODAY'S DATE: _____

Expenses

Request made by: _____

Telephone: _____

Committee: _____

Event: _____

Request for:

_____ Reimbursement

_____ Direct payment to vendor

_____ Cash Advance

Amount: \$ _____

Make Check Payable to:

Mail to:

IMPORTANT NOTICE

Please fill out Expense or Deposit column completely and sign/date the form. Submit this form, attaching original bill and receipts, within 30 days of expenditure. Original bill/receipts must be attached to receive reimbursement.

For Treasurer's Use Only