



Western Hills P.T.A.  
Payment Voucher

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

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Breakdown of attached receipts:

Amount: \_\_\_\_\_ Description: \_\_\_\_\_

Amount: \_\_\_\_\_ Description: \_\_\_\_\_

Amount: \_\_\_\_\_ Description: \_\_\_\_\_

Amount: \_\_\_\_\_ Description: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

Committee to be charged: \_\_\_\_\_  
(only one committee per voucher)

\_\_\_\_\_  
Committee Chair

**\*\*All receipts must be accompanied by a voucher\*\***

**\*\*Budget overage must be approved by the PTA\*\***