

**FLINT HILL ELEMENTARY SCHOOL PTA
EXPENSE VOUCHER/CHECK REQUEST**

CHECK NO. _____

DATE ISSUED: _____

REQUEST

Check Payable to: _____

Check Amount: _____

Purpose: _____

Submitted by: _____

Date Submitted: _____

APPROVAL

Authorized Signature: _____

Project: _____

ATTACH ALL RECEIPTS – THIS IS REQUIRED FOR PAYMENT

Submit to PTA Treasurer Promptly