



# EXPENSE VOUCHER



(Check Request)

**Nathan Hale High School – PTSA  
West Allis, WI 53227**

Complete form and attach receipts (or copies) for reimbursement.

Name of Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Itemized Purchases:

Amount:

- |          |          |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |

**TOTAL:** \$ \_\_\_\_\_

Check Payable To: \_\_\_\_\_ Date Pd. \_\_\_\_\_

Chair's Signature: \_\_\_\_\_ Check # \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Account # \_\_\_\_\_

Nathan Hale PTSA is Tax Exempt – Do Not Pay Sales Tax  
**Tax exempt #available – see Treasurer**



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