

**Receipts are REQUIRED. You will NOT be reimbursed without a receipt.**

**JDMS PTG  
Expense Voucher**

School Year \_\_\_\_\_

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

Requested by: \_\_\_\_\_

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

Deliver Check: \_\_\_\_\_ by mail  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ at PTG Meeting  
\_\_\_\_\_ to PTG Drawer in JDMS Main Office  
\_\_\_\_\_ via my child (list child's name, grade and teacher)  
\_\_\_\_\_

Please details expenses below. Attach all receipts, invoices, etc.

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: \_\_\_\_\_

For PTG use only

Date paid: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Check #: \_\_\_\_\_