



**GARRISON
SCHOOL
PTA**

Teacher's Mini - Grant Expense Voucher Form

Person Submitting Voucher: _____	Committee: _____
Phone Number: _____	Date: _____
Make Check Payable to: _____	Signature of Committee Chair: _____
Mail Check to: _____	

Date	Items Purchased	Purpose	Amount

Grand Total	-
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Please attach receipts and supporting information or explanation for expense.

Treasurer only Below this Line

Check Num: _____	Amount: _____
Date: _____	Approved: _____
Budget Code: _____	