



HHH HSE PTSA 2019-2020

Check Request Voucher

Date: _____

Check # _____

Original receipt must be attached to receive payment.

Request must be submitted within 30 days of receipt date.

Amount to be paid: \$ _____ Check Payable To: _____

Category of Expense (EVENT): _____

Signature of Requestor: _____

Phone: _____ Email: _____

Approved by President: _____

Category of Expense

Administrative Expenses

Bank Fees

Building Beautification

Executive Committee- Installation, etc

Gifts- Holiday, End of Year, etc

HHH PTA Council- Dues, Legislation, etc

Hospitality

Membership

Reflections

Scholarships

Spirit Wear

Student Give Back- Pens, etc

Unity Fair

Arts In Education

Boutiques/PNO- Holiday, Mother's Day

Concession

Founders Day- Basket/Journal Ad

Graduation- Flowers, T-Shirts, Balloons, etc

Homecoming- Flowers, Crown, Sashes, etc

Insurance

Miscellaneous

Safe Halloween

Senior Breakfast

Staff Luncheon- Back to School/End of Year

Training- Suffolk, NYS, etc

Yearbook & Journal Ads