VOUCHER

CHATHAM MIDDLE SCHOOL PTSA

50 WOODBRIDGE AVENUE, CHATHAM, NEW YORK 12037

(For PTSA Use Only)	
Voucher No.:	
Date Received:	
Total Amount:	*$*
Check Date:	
Check #:	
Check Amount:	*$*

EVENT OR ACTIVITY _____

CLAIMANT'S NAME AND ADDRESS

Detailed invoices may be attached and total entered on this voucher. Certification below MUST BE SIGNED.

DATE	VENDOR	QTY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
			Exempt from all Federal, State and Local Taxes	***TOTAL:***	**$**

CLAIMANT'S CERTIFICATION

I, _____, certify that the above amount of $ _____ is true and correct; that the items, services and disbursements charged were rendered to or for the CMS PTSA on the dates stated; that no part has been paid or satisfied; that taxes, from which the CMS PTSA is exempt, are not included; and that the amount claimed is actually due.

_____ ***DATE***

_____ ***SIGNATURE***

APPROVAL FOR PAYMENT

_____ ***DATE***

_____ ***AUTHORIZED PTSA OFFICER***

_____ ***TITLE***