

EXPENSE VOUCHER / PAYMENT REQUEST FORM
Kloefkorn Elementary PTO

Date: _____ Amount Requested: \$ _____
Committee: _____
Reason for Payment: _____
Payable to: _____
Mailing Address: _____
City: _____ State / Zip: _____
Requestors' Signature: _____
(Please complete all entries above this line. Entries below are for the Treasurer's use.)
Budget Account: _____ Approval Signature: _____
Date Paid: _____ Amount Paid: _____
Check# _____

Receipt or Invoice must be attached for payment

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