

Parents' Association of Stuyvesant High School

345 Chambers Street, Room 271, New York, NY 10282 • (212) 312-4800 x2711 • www.stuy-pa.org



DISBURSEMENT VOUCHER for PA expenses

DATE: _____

PAYEE:	
ADDRESS:	

Description (see also attached invoice or receipts for reimbursement items):

Accounts (budget line) Charged:

Account <small>(Treasurer Use Only)</small>	Sub-account (if applies) <small>(Treasurer Use Only)</small>	AMOUNT (\$)
TOTAL:		

ROUTING (check as applies): Mail: _____ Return to: _____

APPROVED BY (Signature): _____

Space Below for Treasurer Use only

NOTES:

Paid
Amount: _____
Date: _____
Check No: _____