



Wellington PTA Cash Request Voucher

Procedures:

Please complete the top part of form and return to Treasurer or President 5 days prior to event.

Submitted By: _____ Date: _____

Committee Name: _____

Phone: _____ Email: _____

Detailed Reason for Cash:

Amount Requested: _____ Date Needed: _____

\$20's _____ \$10's _____ \$5's _____ \$1's _____ 25¢ _____ 10¢ _____ 5¢ _____ 1¢ _____

.....
(DO NOT WRITE BELOW THIS LINE)

Amount Received: _____ Check Number: _____ Date: _____

Signature of Member: _____

Treasurer's Signature: _____

.....
TO BE COMPLETE BY TREASURER:

Amount Returned: _____ Deposit Number: _____ Date: _____

Signature of Member: _____

Treasurer's Signature: _____

Comments: _____