



Haddon Heights Elementary PTG
PO Box 52
Haddon Heights, NJ 08035

Funds Voucher Form

Date: _____

Person submitting voucher: (Name) _____

(Phone) _____

(Email) _____

(School) _____

For **ALL** requests for payment/reimbursement:

Project: _____ Amount: _____

Description of item being paid for: _____

Check should be made payable to: _____

INVOICE/RECEIPTS MUST ACCOMPANY THIS REQUEST
Reimbursement requests shall not exceed the approved budgeted amount reported on the annual budget unless approved by the board.

Signature of person submitting voucher: _____

Special Notes (if Necessary):

Checks shall be returned in 10-14 business days unless other arrangements are made.

PTG USE ONLY

Signature of PTG Officer: _____

Check # Issued: _____ Date: _____