

KODA MIDDLE SCHOOL PTA

VOUCHER

Name: _____ Phone: _____

Make check payable to: _____

Address: _____

A description of expenses must be noted below. Receipts must be attached!

Account (activity) to be charged: _____

Amount requested: _____ Date: _____

For Treasurer's use only: Check no.: _____ Date paid: _____

Treasurer: Patti Shaw 2 Longview Drive Clifton Park, NY 12065	Phone: 383-6343 Cell: e-mail: wpnewton@nycap.rr.com
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