

NORTHGATE PARENT-FACULTY CLUB

DISBURSEMENT VOUCHER

2016-2017

1. List the budget category from which the funds should be taken.
2. Include invoice or original receipts (submit a copy only if you must keep the original).
3. Fill out voucher with date expense was incurred and all signatures.
4. **Mail to:** Miriam Casco, PFC Treasurer, 425 Castle Rock Rd, Walnut Creek, CA 94598
5. Please note that the PFC cannot pay for gifts or gift cards. You will not be reimbursed for gift or gift card purchases.
6. Questions? nhspfc.treas@gmail.com

THE COMMITTEE CHAIR MUST SIGN THIS FORM TO HAVE YOUR EXPENSES REIMBURSED.

Forms received by the 7th of the month will be mailed by the 15th.
Forms received by the 21st of the month will be mailed by the end of the month.

Name: _____ Address: _____ _____ Email: _____ (of person requesting check) Date: _____ Budget Category: _____	Make Checks Payable to: (<i>if different</i>) NAME: _____ ADDRESS: _____ _____
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Committee Chair Disbursement Approval Signature:

1. _____	Date: / /
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EXPENDITURES (Please Attach Invoice or Original Receipts)

Date	Description	Amount
		\$
	TOTAL	\$

FOR TREASURER'S USE ONLY:

DATE / CHECK#:	AMOUNT PAID:
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