



Colleyville Heritage High School PTSA
 5401 Heritage Ave.
 Colleyville, TX 76034
 817-305-4700
 817-305-4765 fax

Date Submitted: _____

Date Needed: _____

CHECK REQUEST VOUCHER

Payable to: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Payee Contact: _____ Phone: _____

Submitted by: _____ Phone: _____

Please attach all receipts to the back of this voucher.
 Please remember to use the appropriate Texas Sales Tax Exemption form before you purchase any items for use by the CHHS PTSA.
 The CHHS PTSA does NOT reimburse committee members for sales tax paid.

ITEM	PLACE OF PURCHASE	AMOUNT		ACCOUNT TO BE DEBITED
TOTAL				

ADDITIONAL REMARKS:

Approved by CHHS PTSA President: _____

2nd Approval: _____

Treasurer's Use Only:	
Invoice Received: _____	Total Amount: _____
Invoice Paid: _____	Check #: _____