LEGACY H.S. DRILL TEAM BOOSTER CLUB

REIMBURSEMENT VOUCHER

Payable to: _____ Date needed: _____

Address: _____ Phone: _____

Check requester: _____ Date: _____

Account to Debit: _____ Invoice # _____

(If your invoice reflects more than one account, please identify each and amount that should be deducted from each.)

_____ _____ _____ _____

_____ _____ _____ _____

Item	Place of Purchase	Amount
	Total:	

TOTAL $_____

(Receipts should be attached and sales tax will not be reimbursed)

Treasurer's Notes: **Remarks:**

Date Invoice

Received: _____

Check Number: _____ **or Cash** _____

Amount of Check or Cash:

_____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)