

PSHS Cross Country/Track Booster Club

Check Request/Reimbursement Voucher

Payable to: _____

Address: _____

Submitted by/Chair: _____ Date Needed: _____

Item	Place of Purchase	Amount	Budget Category
TOTAL			

***ATTACH ORIGINAL RECEIPTS/INVOICE TO VOUCHER**

***NO DISBURSEMENTS WILL BE MADE WITHOUT A RECEIPT**

<u>Treasurer's Notes</u>	<u>COMMENTS</u>
Date Received _____	
Plan of work/budget _____	
Date Approved _____	
Date Paid _____	
Check Number _____	
Check Amount _____	

Check Requested by Signature _____

Treasurer Signature _____

President Signature _____