

**Lovejoy Band Booster
Check Request Voucher
2017-2018**

Check # _____
Amount _____

Payable to : _____

Date needed: _____

Address: _____

Phone: _____

Check requester: _____

Date: _____

Account to Debit: _____

Invoice #: _____

Mail check: _____ **or** Return check to requester: _____

or Other: _____

(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

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

Committee Chair Signature: _____

Treasurer's Signature: _____

(For requests of \$500 or more): President's Signature: _____