

**Lovejoy Band Booster  
Check Request Voucher**

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
		<b>Total</b>

**(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: \_\_\_\_\_