

LOVEJOY BAND BOOSTER CHECK REQUEST / REIMBURSEMENT VOUCHER

Payable to: _____ Date needed: _____

Address: _____ Phone: _____

Check requester: _____ Date: _____

Budget Account: _____ Invoice # _____

(If your invoice reflects more than one budget account, please identify each and the amount that should be attributed to each below.)

Item	Place of Purchase	Amount
Total:		

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

Treasurer's Notes:

Date Invoice _____

Received: _____

Date Paid: _____

Check Number: _____

Amount of Check: _____

Remarks:

Mail to vendor: _____

Return to Requester: _____

Other Comments: _____

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

President required if over \$500

Attach receipt(s)