



BHS THEATRE 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:	

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

<u>Treasurer's Notes:</u> Date Invoice Received: _____ Date Approved: _____ Paid: _____ Check Number: _____ Amount of Check: _____
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Remarks:

Chairman's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)