Cinco Ranch High School Robotics Booster Club

Reimbursement Voucher / Check Request

Name of Person making request:			
Phone number:		**Date:**	
E-mail address:			
Name to appear on check:			
Address to mail check if required:			

Account(s) or budget item(s) to be debited (description): _____

(If your invoice reflects more than one account, please identify each account and the amount to be deducted from each account).

Date:	Vendor	Activity	Order # Ref.	Part No.	Description	Qty	Cost ea.	Total Cost	GL #
					Total Amount due:				

Remarks:
* Submitted receipts will not include reimbursement for sales tax.
* Receipts should be turned in as soon as possible for reimbursement.

* Please do not use GL # column - Treasurer Use Only

Treasurer's Notes:		**Account #**	**Total**
Invoice Received:			
Date Paid:			
Check Number:			
Amount:			

Approved By Board Member:
X:

Voucher #:	