

## Hockinson High School AAA Boosters Reimbursement Voucher

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Check Payable to: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Person Requesting Payment \_\_\_\_\_

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Event	Item Description	Place of Purchase	Amount
<b>Total Requested</b>			<b>\$</b>

(Receipts must be attached for reimbursement)

Treasurer's Notes	
Account _____	
Date Rec'd	Check Nbr
Amount	Date Paid
Mailed	Hand delivered

Comments

Booster Representative Signature \_\_\_\_\_

Booster Treasurer's Signature \_\_\_\_\_

Coach/Department Head Signature \_\_\_\_\_