

PTHS Cheer Booster Group  
Invoice payment/Reimbursement Request Form

Committee: \_\_\_\_\_

*Ex. Senior Recognition, Dance, P-Rade ,clothing*

Requester: \_\_\_\_\_

Date receipts were submitted: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Make check Payable to: \_\_\_\_\_

List of items to be reimbursed:

<u>Store</u>	<u>Item</u>	<u>Purpose</u>	<u>Amount</u>
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.

Signature of requester: \_\_\_\_\_

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*Treasurer's Use*

Check #: \_\_\_\_\_

Budget line expense is to be applied: \_\_\_\_\_

Date check written \_\_\_\_/\_\_\_\_/\_\_\_\_.

Date Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date cashed: \_\_\_\_/\_\_\_\_/\_\_\_\_