

SILVER HAWKS BOOSTER CLUB EXPENSE VOUCHER/REIMBURSEMENT FORM

Committee: ☐ Coordinating Board ☐ Athletics ☐ Performing Arts

Name of Requestor: _____ Phone: _____

Team/Group (if applicable) _____ Today's Date: _____

Amount of Expense: _____
Date of Expense: _____ - OR - Date Expense is Due: _____

_____ This expense is associated with a fundraiser Fundraiser: _____

_____ This expense needs to be processed as a Direct Payment to the Vendor

_____ This expense has been paid and this is a request for reimbursement

Please make checks payable to: _____
Address: _____

Brief explanation of expense:

Expense Type (i.e. apparel, meals, supplies, fundraiser, equipment): _____

****RECEIPT OR INVOICE MUST BE ATTACHED****

Signature of Requestor (required) *Date Submitted*

Signature of Team/Activity Parent Rep *Date Submitted*
(required if applicable)

For treasurer use only:

Approved: Y N Date Received: _____

Type of Approval: Budget - OR - Request Form

Check # _____ Date Paid: _____