



Flower Mound High School Academic Booster Club

"Developing World Class Leaders of Tomorrow"

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>	<u>Remarks:</u>
Date Invoice Received: _____	
Date Paid: _____	
Check Number: _____	
Amount of Check: _____	

Sponsor's Authorization: _____

Treasurer's Signature: _____

President's Signature: _____

Attach receipt(s)
—SAMPLE—