

FMHS DIRECTOR/BOOSTER REIMBURSEMENT VOUCHER

Payable to: _____ Date Needed: _____

Address: _____ Phone: _____

Check requestor: _____ 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)

Treasurer's Notes:

Date Invoice Rec'd: _____

Check Number: _____

Amount of Check:

Remarks:

Treasurer's Signature: _____

Attach Receipt(s)