

## BHS Theatre Booster Club Reimbursement Voucher

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

Check Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Item:	Item For (e.g., banquet, musical, etc.):	Place of Purchase:	Amount:
Total for reimbursement:			

**Receipts must be attached for reimbursement.**

**Treasurer's Notes:**

Date Invoice Received: \_\_\_\_\_

Date Check Issued: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Remarks:

Treasurer's Signature: \_\_\_\_\_  
 or  
 President's Signature: \_\_\_\_\_

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Reimbursement Voucher**