

GHS FILLIES BOOSTER CLUB
Check Disbursement and/or Reimbursement Voucher Request

My Reimbursement Check:

_____ send to address shown

Address _____

_____ Call me, I'll pick it up

Name _____

Phone _____

Position/Title _____

Make check to _____

Chairman Signature _____

President Signature _____

Budget line item to be debited: _____

(If your invoice contains more than one budget line item, please identify each line item, and the amount deducted from each.)

Please attach receipts or invoices.

Item Description	Vendor	Amount

Total \$ _____

Note: GHS FILLIES BOOSTER CLUB DOES NOT PAY SALES TAX.
 SALES TAX IS NOT REIMBURSABLE.

The following forms are available for you to use:
 Sales tax exemption for items used by the GHS FILLIES.
 Resellers exemption for items bought for resale.

Treasurer's Notes:
Invoice received _____
Date Paid _____
Check # _____
Check Amount \$ _____

Comments: _____

Please call Treasurer Debbie Cowee with any questions