

# SILVER HAWKS BOOSTER CLUB EXPENSE VOUCHER/REIMBURSEMENT FORM

Name of Requestor: \_\_\_\_\_

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

Team/Group: \_\_\_\_\_

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

Credit Card Accepted: Y or N

\_\_\_\_\_ 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): \_\_\_\_\_

Expense excludes restricted items (e.g., coach apparel/gifts, delivery fees for team meals): Y or N

**\*\*ITEMIZED RECEIPT OR INVOICE MUST BE ATTACHED\*\***

\_\_\_\_\_  
*Signature of Requestor (required)*

\_\_\_\_\_  
*Date Submitted*

\_\_\_\_\_  
*Signature of Team/Activity Parent Rep*  
*(required unless parent rep is requestor)*

\_\_\_\_\_  
*Date Submitted*

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For treasurer use only:

Approved:            Y        N

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

Check #            \_\_\_\_\_

Date Paid: \_\_\_\_\_