

SILVER HAWKS BOOSTER CLUB EXPENSE VOUCHER/REIMBURSEMENT FORM

Name of Requestor: Jennifer Jones Phone: (666) 666-6666

Team/Group: Cross Country Today's Date: 8/6/2021

Amount of Expense: \$ 750.00
Date of Expense: 7/25/2021 - 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: Jennifer Jones
Address: 123 South Street
Lincoln, NE 68512

Brief explanation of expense:

Snacks and drinks provided to athletes after meets.

Expense Type (i.e. apparel, meals, supplies, fundraiser, equipment): meals

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

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

(Jennifer would print & sign prior to submitting)
Signature of Requestor (required)

8/6/2021
Date Submitted

(Parent rep would sign prior to submitting)
Signature of Team/Activity Parent Rep
(required unless parent rep is requestor)

(Date)
Date Submitted

For treasurer use only:

Approved: Y N Date Received: _____

Check # _____ Date Paid: _____