

PLANO EAST RUNNING BOOSTER CLUB
Check Request/Reimbursement Voucher

Payable to: _____ Date Submitted: _____

Address: _____ Date Needed: _____

_____ Phone: _____

Submitted by: _____ Chair Signature: _____

Give ck to Requestor

* ATTACH ORIGINAL RECEIPTS/INVOICE TO VOUCHER

Mail ck to: _____

* NO DISBURSEMENTS WILL BE MADE WITHOUT A RECEIPT

Other _____

* SALES TAX WILL NOT BE PAID EXCEPT FOR SAMS/COSTCO

| Item | Place of Purchase | Amount | Budget Category |
|-------|-------------------|--------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

(If this request reflects more than one account, please identify each below and the total amount that should be debited to each.)

| | | |
|---------------------------------|------------------------|---------------|
| S U M M A R Y | Budget Category | Amount |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| TOTAL | | \$ _____ |

| Treasurer's Notes | |
|-------------------|-------|
| Date Received | _____ |
| Date Approved | _____ |
| Date Paid | _____ |
| Check Number | _____ |
| Check Amount | _____ |

| Comments |
|----------|
| |

Treasurer's Signature: _____

President's Signature: _____