

To be completed by Treasurer:

Check No. _____

Amount _____

Date Received _____

Date Paid _____

**Space Center Intermediate Band Booster Club
Reimbursement Voucher**

Check Payable to: _____
(if being mailed)

Street Address: _____

City, State, ZIP Code: _____

Requested by: _____

Telephone Number: _____

Committee Account to be Debited: _____

Committee Chairperson's Signature: _____

Explanation: _____

| Date | Place of Purchase | Amount |
|-------------|--------------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total \$ _____

NOTE: Please attach the receipts listed above to the back of this form.