

Mail or Deliver to:
Chris or Jill Bellew
9406 Crestedge Dr.
Dallas, TX 75238
LHTBCTres@gmail.com

Lake Highlands High School Theater Booster Club CHECK REQUEST / REIMBURSEMENT VOUCHER

Name: _____ Date: _____

Check Payable To: _____

Date Check Needed: _____

Instructions:

1. If your receipt/invoice reflects more than one budget line account, please identify each account and the amount that should be charged to each budget account.
2. To be reimbursed for your expenses, you **MUST** attach receipts to this check request. To request payment of vendor's bill, attach invoice.
3. Reminder: Sales tax is **NOT** reimbursable.
4. () Call when ready – phone number _____
() Mail to (attach stamped self-addressed envelope):

Date of Expense	Item Purchased	Budget Category	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Amount			\$ _____

Date of Reimbursement _____

Check # _____

Check Amount _____

Reviewed By: _____
(Treasurer)