



DISBURSEMENT VOUCHER

Please attach receipts or invoices to this form. This will the treasurer in keeping accurate information for line items.

Requested By _____ Date _____

Reimbursement (if there are no receipts attached, there can be no reimbursement)

Bill/Invoice # _____

Amount Requested/Due \$ _____

Committee: _____

Athletic PA/AC – Expenditure Meets School Requirements _____ (Athletic Director Initials)

Budget Line Item (if different from Committee) _____

Explanation/Purpose:

PA/AC Financial Manager

Date

Board Approval

Title

For Treasurer's Use Only

Check # _____

Date _____

Amount \$ _____

Payable to: _____

Cleared

STAPLE CHECK DUPLICATE HERE