



Beekmantown Central School Booster Club



Reimbursement Voucher/Check Request Form

Section I. Requested By

Name:	
Email:	Phone:
Sport Team/Activity Name:	
Date Presented/Requested:	Date Needed By:

Section II. Purpose - Describe items for which funds will be used. Use the back of this form to list additional items. Please attach any relevant receipts, invoices, or forms to this request.

Amount to be Encumbered	Total Requested

Section III. Payable To

 - Detail the vendor or person to whom the check should be written

Name:		
Street Address:		
City:	State:	Zip:
Email:	Phone:	

Section IV. Check Delivery (check one)

- Mail payment to vendor/person listed above
- Give Check to: _____

(Print Name of Recipient)

(Signature of Recipient)

(Date Received)

- Mail check to name/address below:

Name:		
Street Address:		
City:	State:	Zip:

Section V. Acknowledgements and Approvals

(Print Name of Requestor)

(Signature of Requestor)

(Date)

(Print Name of President or Alternate Officer)

(Signature of President or Alternate Officer)

(Date)

(Print Name of Treasurer or Alternate Officer)

(Signature of Treasurer or Alternate Officer)

(Date)

TREASURER USE- Requested Via :		<input type="checkbox"/> Club Meeting	<input type="checkbox"/> Online Form	<input type="checkbox"/> Email
Approved By:	<input type="checkbox"/> Sport Acct	<input type="checkbox"/> Club Motion/Email Vote	Date: _____	<input type="checkbox"/> Officer Name: _____
Date Approved:	Date Issued:	Check #:	Acct.:	