

JOHN BURROUGHS HIGH SCHOOL ASSOCIATED STUDENT BODY

1920 W Clark Ave. Burbank, CA 91506 – Phone (818) 729-6900



DISBURSEMENT VOUCHER REQUISITION REQUEST

Complete this form in FULL. Include dates, reason for, and ALL receipts or invoices to justify the expense(s). Return to the Finance/Student Store Office. If receipts/invoices are not attached, requests may be returned. Please help us by submitting your request a minimum of three (3) days prior to the date the check is needed. Thanks for your help and cooperation. We appreciate it.

Today's Date:

Date Check is Needed By:

Check Amount: \$ _____

Requisition #: _____

(If applicable)

Check Payable to (must include complete address!):

Do you want the Finance Office to mail the check: YES

NO

Reason for check – Reimbursement, Tournament Fee, Other (list items):

Account:

Coach/Advisor Signature:
