

MHS Volleyball Booster Club

Check Request & Reimbursement Form

Payable To: _____

Date: _____

Address: _____

Needed By: _____

Requester: _____

Phone: _____

Items Purchased	Place of Purchase	Sales Tax*	Amount minus Tax
		Y / N	
		Y / N	
		Y / N	
		Y / N	
	Total of All Items Purchased:		

*Was the Sales Tax Exemption Form used? Remember, the club cannot reimburse sales tax.

Please attach receipts to Check Request & Reimbursement Form and return to
the MHS VB Booster Treasurer: mhsvbtreasurer@gmail.com.

Treasurer's Notes:

Date Invoice

Received: _____

Date Paid: _____

Check Nbr: _____

Check Amt: _____

Additional Remarks:

Chairman's Authorization: _____

Treasurer's Signature: _____