



AHS Tennis Team Booster Club Expense Voucher

Please complete this voucher for any authorized expenses incurred. Original receipts must be attached. Note: Treasurer's approval must be obtained on all purchases. Failure to obtain Treasurer's approval may result in the purchaser having to incur the expense. Signature of the President is required before the Treasurer will issue a check.

Name: _____ Phone: _____

Committee: _____

Explanation of Expenses: _____
(List items purchased)

Date Submitted: _____ Amount Requested _____

Make check payable to: _____

*Please mail reimbursement check to address noted below:

Submitted by: _____

Your Treasurer's Approval _____

President's Approval _____

*****Do not write below this area*****

Date Received: _____ Check #: _____

Date Paid: _____ Amount Paid: _____