

Willow Glen Performing Arts Booster Club
**CHECK REQUEST/
 REIMBURSEMENT CLAIM VOUCHER**

ACCOUNT NAME: _____

ACCOUNT #: _____

This Excel form is designed to be completed electronically - please complete shaded areas.

DATE: _____	AMOUNT REQUESTED: \$ _____
MAKE PAYABLE TO:	NAME: _____
	ADDRESS1: _____
	ADDRESS2: _____
	CITY/STATE/ZIP: _____
PURCHASED FROM:	AMOUNT
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
TOTAL AMOUNT:	0.00
DESCRIPTION FOR ITEMS LISTED ABOVE (what was purchased and why):	
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
ATTACH ORIGINAL RECEIPT OR INVOICE for each item listed - incomplete documentation will be returned	
SUBMITTED BY: _____ Signature	
APPROVED BY: _____ Teacher Approval Signature	
FOR PAB TREASURER USE ONLY	
PAB PRESIDENT APPROVAL SIGNATURE	CHECK #: _____
	RELEASED BY: _____
	RELEASED DATE: _____
	RELEASED METHOD: _____