

Elkins Band and Elite Booster Club
Reimbursement Voucher

Date: _____

Requester's Name: _____
Phone# _____

Please mail the reimbursement check to the following address:

Other: _____

Please list each receipt separately and staple the receipt(s) to the back of this form.

Store/Vendor	Amount of Purchase	Description of Event	Budget Category
Total			

Please contact the Treasurer if you will need a Texas Tax Exempt form. (For those who will be making many purchases throughout the school year).

Date Invoice Received:	
Date Paid:	
Check Number:	Amount: \$

If you have any questions, please contact Katherine Ramsey at 281-208-1641.