LAMAR HIGH SCHOOL GIRLS SOCCER BOOSTER CLUB
Expense/Cash/Check Request

Soccer Committee: _____ Date: _____

Submitted by: _____

Make Check Payable to: _____

(address info, if applicable) _____

_____

Type of Expense: ☐ Advance ☐ Reimbursement ☐ Other_____

Explanation of Expense: _____

(i.e., Store Name, activity) _____

ITEM	QTY	UNIT COST	SUB-TOTAL*	TOTAL
			TOTAL AMOUNT	

Taxes not reimbursable (get tax ID form from Treasurer prior to purchase)

_____ _____
Signature Date

DELIVER TO: WALLACE OWENS
ATTACH ALL SUPPORTING RECEIPTS, INVOICES OR DOCUMENTS

Treasurer Use Only:

Request Approval:

_____ _____
President Date Officer Date

Ck #: _____ Dated: _____ Amount: _____

Issued to: _____

☐ by mail

☐ picked up by _____ on (date) _____

☐ delivered to _____on (date) _____