Hebron High School Football Booster

Reimbursement / Check Request

Payable to:		Date n	eed <u>ed:</u>	
Address:		Phone	:	
Requester:		Date:	Date:	
Account to Debit: (If your invoice reflects more than one account, please	e identify each	and the amount that should	d be deducted from each.)	
\$		<u></u>		
Item	Pla	ace of Purchase	Amount	
			7 1333 3333	
		To	otal:	
(Receipts should be attached to request.	Please remer	mber to use tax exempt f	orms on all purchases.)	
<u>Treasurer's Notes:</u>		Remarks:		
Invoice Received:				
Plan of Work: Motion:				
Date Approved:				
Check Number:				
Amount of Check:				
General Ledger Seq. #				
Chairman's Signature:				
Treasurer's Signature:				
President's Signature:				