

## Glencoe Band Booster Expense Voucher

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Section: \_\_\_\_\_

| Date                        | Car Miles | Supplies | Budget Category          | Amount |
|-----------------------------|-----------|----------|--------------------------|--------|
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
|                             |           |          |                          |        |
| Total Car Miles             |           | =        | Total Car Miles Expense= |        |
| Total Other Expenses        |           |          |                          |        |
| Total Reimbursement Request |           |          |                          |        |

Signature: \_\_\_\_\_

**\*\* Remember to attach receipt\*\***

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Treasurer: \_\_\_\_\_ Payment by Check #: \_\_\_\_\_

Explanation: (if needed) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_