



# Waubonsie Valley High School Booster Club



## Expense Voucher/Reimbursement Request

<b>Date:</b>	
<b>Amount:</b>	
<b>Submitted By:</b>	
<b>Event:</b>	
<b>Check Payable to:</b>	

Select one:

- Return to me.
- Give to \_\_\_\_\_
- Mail to Payee at: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Reimbursement

\_\_\_\_\_  
Signature of President, Vice President, or Treasurer

**ATTACH ALL RECEIPTS AND INVOICES TO THIS FORM  
AND SUBMIT TO TREASURER**

Maureen Connolly, Treasurer, 400 Regency Ct., Aurora, IL 60504  
630-244-1120 – treasurer@wvhsboosters.org

For Treasurer's Use Only:	
Date ____/____/____	Check # _____