

2016 Jr Hornet REIMBURSEMENT VOUCHER

Please attach receipts or invoices to this form. This will help the treasurer in keeping accurate account information for any type of reimbursement. Expenses should not exceed the amount approved for the Event. **Cost overages need approval by the Jr Hornet Board prior to overages occurring.** Please provide receipts within 30 days of purchasing items. Questions can be addressed to: Jolene Miller – jrhornetfootball@gmail.com

Reimbursement Requested by: _____

Requestor's phone number: _____

Date of Request: _____ Amount Requested: _____

Event: _____

Event Chair Primary Contact: _____

Contact Approval Signature: _____

Make check payable to: _____

Summary of items Purchased: _____

**** If there are no receipts attached, there can be no reimbursement.***

FOR TREASURER'S USE ONLY	Date Received: _____
Reimbursement Made To: _____	
<input type="checkbox"/> Check Number: _____	Check Amount: _____