CPHS THEATRE BOOSTERS
Reimbursement Voucher

Check Payable to: _____ **Date** _____

Address: _____

Person Requesting Pmt _____ **Phone Number** _____

Event	Item	Place of Purchase	Amount
		Total Requested	**$**

(Receipts must be attached for reimbursement)

Treasurer's Notes	
Date Received:	
Date of Check:	
Check Number:	
Amount of Check:	

Treasurer's Signature _____

President's Signature _____

Theatre Department Head Signature _____