To be completed by Treasurer:
Check No. _____
Amount _____
Date Received _____
Date Paid _____

Clear Lake High School Boys Soccer Booster Club
Reimbursement Voucher

Check Payable to:_____
(if being mailed)
Street Address:_____

City, State, ZIP Code:_____

Requested by:_____

Telephone Number:_____

Committee Account to be Debited:_____

Committee Chairperson's Signature:_____

Explanation:_____

_____

_____

Date	Place of Purchase	Amount
	Total	$ -

Note: Please attach the receipts listed above to the back of this form.