

FHS Stars Booster Club Invoice/Reimbursement Form



Please attach receipt(s). If receipt(s) contain more items than requested for reimbursement, please highlight items to be reimbursed.

Payee Name: _____

Address: _____
(for mailed checks)

Phone: _____

Date Requested: _____

Requester's Signature: _____

Delivery Method: Mail Hand Deliver

Description of Items:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____

Total Due: _____

Comments:

Treasurer's Use Only

Payee's Check	General Ledger Account Description	Amount
Date Paid: _____		\$ _____
Amount Paid: _____		\$ _____
Check #: _____		\$ _____
Initial: _____	Total	\$ _____