

DISBURSEMENT VOUCHER

Fowler Middle School Band Boosters

Name: _____

Street: _____ City: _____ ST: _____ Zip: _____

Telephone Number: _____ Date: _____

Signature: _____

Account to be debited (CIRCLE ONE):

- | | | | |
|------------|----------------|---------------|---------------|
| CLINICIANS | SOCIAL FUND | OPERATING EXP | REIMBURSABLES |
| TRANSPORT | DANCE | FUNDRAISER | CONCESSIONS |
| AWARDS | STUD. SUPPLIES | SPIRIT ITEMS | OTHER _____ |

ITEM	PLACE OF PURCHASE	AMOUNT
		\$
		\$
		\$
		\$
		\$

NOTE: Attach receipts to form

TOTAL: \$ _____

Remarks:

Treasurer's Notes	
Invoice received: _____	Date paid: _____
Check number: _____	Amount: _____