

# Mahomet-Seymour Music Boosters Expense Voucher

REQUEST FOR CASH DISBURSEMENT	
Pay to	_____
Amount	_____
Purpose	_____
<b><i>SUBMIT DOCUMENTATION TO SUPPORT DISBURSEMENT</i></b>	

SUBMITTED BY	
_____	
Print name	
_____	_____
Signature	Date

M-S MUSIC BOOSTER OFFICER APPROVAL	
_____	
Print name	
_____	_____
Signature	Date

TREASURER	
Date Paid	_____
Check No.	_____
Amount Paid	_____
Account	_____

Receipts must be submitted within 60 days of purchase for reimbursement.