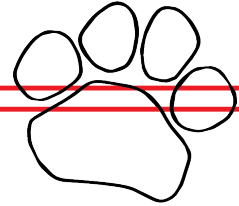




**COLLEYVILLE HERITAGE**  
**PANTHER CHOIR BOOSTER CLUB**



**Check Request/Expense Reimbursement**

DIRECT PAY

REIMBURSEMENT

CASHBOX ADVANCE

Payable to: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone #: \_\_\_\_\_

ALL RECEIPTS MUST BE ATTACHED TO THIS FORM. If your request reflects more than one event/budget category please identify each in the table below.

Vendor	Amount		Account to Debit
Total Check Request			

*ADDITIONAL REMARKS:*

Officer Approval \_\_\_\_\_

Date: \_\_\_\_\_

President's Signature \_\_\_\_\_

Date: \_\_\_\_\_

(Required for checks over \$500)

Treasurer's Use Only	
Date Received: _____	Total Amount: _____
Date Paid: _____	Check #: _____