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| CVHS Band Boosters |
| Vendor Payment or Expense Reimbursement Request Form |

Date Requested: _____

Requested by: _____

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| FOR DIRECT VENDOR PAYMENT REQUESTS, USE THIS SECTION |
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| Invoice Date | Payable to: | Amount | Activity/Event/Department | Purpose |
|--------------|-------------|--------|---------------------------|---------|
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Authorized by _____

Date: _____

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| FOR EXPENSE REIMBURSEMENT REQUESTS, USE THIS SECTION |
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| Invoice Date | Reimburse to: | Amount | Activity/Event/Department | Purpose |
|--------------|---------------|--------|---------------------------|---------|
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Authorized by _____

Date: _____

Check Disposition: Mail to Requester _____ Mail to Payee _____ Other _____

Mailing Address: _____

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| Accounting Use Only: Vendor No. _____ Charge Code: _____ Voucher No. _____ |
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Paid
 Ck No.
 Amount