

CVHS Band Boosters
Vendor Payment or Expense Reimbursement Request Form

Date Requested: _____

Requested by: _____

FOR DIRECT VENDOR PAYMENT REQUESTS, USE THIS SECTION

Invoice Date	Payable to:	Amount	Activity/Event/Department	Purpose

\$ - Authorized by _____
Date _____

FOR EXPENSE REIMBURSEMENT REQUESTS, USE THIS SECTION

Invoice Date	Reimburse to:	Amount	Activity/Event/Department	Purpose

\$ - Authorized by _____
Date: _____

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

Mailing Address: _____

Accounting Use Only: Vendor No. _____ Charge Code: _____ Voucher No. _____

Paid
Ck No.
Amount