

## Voucher

North Royalton Hi			igh School Band Boosters Treasurer Approval:		
Committee/Fundraiser:			Check #:		
Requester:			Check Date:		
Approver:			QB Acct:		
Date:			QB Class:		
#	R/P	Purchase Date	Description/Purpose	Total \$	
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7				\$	
8				\$	
9				\$	
10				\$	
			Total	\$	
	Identify if (R)eimbursement for Booster Member or (P)ayment for Vendor Attach all receipts - original preferred, copies accepted				
Make Check Payable to:					
(provide address if not noted on invoice)					