

Sunnyvale Choir Booster Club

Volunteer Reimbursement Request



VOLUNTEER INFORMATION:

Person Requesting Check _____

Payable To _____

Date Requested _____

Address _____

Telephone _____

Email Address _____

Delivery Instructions _____

INSTRUCTIONS:

- Complete a separate check request form for each check required. Attach **original receipts**.
- The Sunnyvale Choir Booster Club **cannot** reimburse sales tax. Please download and print the Sunnyvale Choir Booster Texas Sales and Use Tax Exemption Certificate at our website www.sunnyvaleisd.com/domain/692 **before** making your purchase
- Questions or completed forms can be emailed to sunnyvalechoirboosters@gmail.com

REIMBURSEMENT INFORMATION:

****Original Receipts Must Be Attached to Form**

Store	Item(s)	Budget Line	Amount
			\$
			\$
			\$
			\$

Total Check Amount Requested **** Do Not Include Sales Tax** \$ _____

SIGNATURES:

Volunteer _____

Committee Chair or Other Officer _____

Treasurer _____

For Treasurer Use Only	Date Paid	Amount Paid	Check #