

Flower Mound Cross Country Reimbursement Voucher

Payable to: _____ Date: _____

Address: _____ Phone: _____

Check Requester: _____

Account to Debit: _____ (ex: cc or track and what event)

Item:	Place of purchase:	Amount
	Total	

(Please remember that we cannot reimburse for sales tax)

<p>Treasurer's Notes: Check Number: _____ Amount: _____ Date written: _____ Notes: _____ _____</p>

Authorized Signer: _____

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