



Ridgefield Boosters Club

Parent Group Reimbursement Voucher



Please fill out this form. If a check is to be written to someone other than the Parent Group Representative, all receipts and invoices **MUST** be attached.

The Parent Group Representative **MUST** sign the form and **IS RESPONSIBLE** for all monies allocated with this Reimbursement Voucher. Once the monies have been released with this voucher, the Ridgefield Boosters is released from any responsibilities.

Today's Date: _____

Check Issued to Parent Group Representative

Amount of Check: _____

Check Issued to Others (Receipt or Invoice Must be Attached)

Amount of Check: _____ Receipt or Invoiced Attached

Amount of Check: _____ Receipt or Invoiced Attached

Amount of Check: _____ Receipt or Invoiced Attached

Amount of Check: _____ Receipt or Invoiced Attached

Amount of Check: _____ Receipt or Invoiced Attached

Amount of Check: _____ Receipt or Invoiced Attached

Parent Group Representative

Name (Print): _____

Name: (Signature): _____

By signing this voucher, I hereby relinquish any responsibility from The Ridgefield Boosters for monies issued with this voucher.

Ridgefield Booster Use Only

Date Request Received: _____ # Checks Issued: _____

Total Amount: _____

Account Balance: _____