

SOUTHLAKE ASSOCIATION FOR GIFTED AND TALENTED (SAGT) REIMBURSEMENT VOUCHER

Date: _____

Check Requester: _____

Check Payable To: _____

Address: _____

Phone: _____

Invoice #: _____ or email dated _____

Category: _____

Expense Description (Attach Receipts)	Amount
TOTAL AMOUNT OF CHECK:	

<u>Treasurer's Notes:</u>	
Date Paid: _____	Expense authorized by:
Check Number: _____	___ Original Approved Budget
Amount of Check: _____	___ Exec Board Vote on _____
Treasurer's Signature: _____	___ Genl Board Vote on _____