

PAYMENT VOUCHER

LINCOLN HIGH SCHOOL BOOSTER CLUB

BOOSTER ACTIVITY TO BE CHARGED: _____

Please complete this form, print, and sign. You may put it in the Booster Club mail box at LHS, mail to LHS Booster Club at 2900 S. Cliff Ave., Sioux Falls, SD 57105, or email it to the Assistant Treasurer. You should also include your receipts.

MAKE PAYMENT CHECK TO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

| <u>DATE</u> | <u>DESCRIPTION OF ITEM</u> | <u>#</u> | <u>UNITS</u> | <u>TOTAL\$</u> |
|-------------|----------------------------|----------|--------------|----------------|
|-------------|----------------------------|----------|--------------|----------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

_____ **\$ TOTAL OF CLAIM**

I declare under the penalties of perjury that this claim has been examined by me and that to the best of my knowledge and belief that all these claims are true and correct.

| <u>DATE</u> | <u>VENDOR/SUPPLIER</u> | <u>BOOSTER REP APPROVAL</u> |
|-------------|------------------------|-----------------------------|
|-------------|------------------------|-----------------------------|

(PRINTED NAME)

TREASURER ONLY: *DATE:* _____ *CHECK #:* _____ *INITIAL:* _____

Q _____