

Texas Gulf Coast FSC Reimbursement & Check Request Voucher

Payable To: _____ Date submitted: _____

Check requestor: _____ Phone: _____
(if different)

Distribution: Zelle Zelle email address or cell phone: _____
(Check One) Pick Up at Rink
Mail Mailing Address: _____

Committee/Expense	Item Description	Place of Purchase	Amount
Total			

- **Please include all original receipts.** Make a copy for your records.
- **Please note that Sales Tax cannot be reimbursed.**

Reimbursements will be processed within one week of submission. If you need it more quickly, please contact Melissa Poteet 832-754-4730.

Board Member Approval

President Approval

For Treasurer Use Only

Date Received: _____ Amount Issued: _____
Date Paid: _____ Date Entered Into Ledger: _____
Check Number: _____