

Texas Gulf Coast FSC Reimbursement & Check Request Voucher

Payable To: _____ Date submitted: _____

Check requestor: _____ Phone: _____
(if different)

Distribution: 1) Leave at Rink: _____
2) Mail to address: _____
3) Other: _____

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 Dani Herrera 713.805.9655.

Board Member Approval

President Approval

For Treasurer Use Only	
Date Received: _____	Amount Issued: _____
Date Paid: _____	Date Entered Into Ledger: _____
Check Number: _____	