



# RIVERSIDE POLY HIGH SCHOOL POLY BAND BOOSTERS ASSOCIATION

## PAYMENT VOUCHER

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone: (    )    -

Make check payable to: \_\_\_\_\_

For: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**Attach all bills, invoices, and/or receipts to this voucher and submit to Poly Band Booster Association Treasurer for payment. This form must be completed for payment.**

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(For Treasurer Only)

Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check Canceled: \_\_\_\_\_