



Lyman H.S. Band Booster Association

Expense Voucher

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Check one: Parent (Circle one: CHECK or CREDIT STUDENT ACCOUNT)
 Vendor / Instructor (Note: W-9 will need to be on file)

DATE	ITEM OR SERVICE	AMOUNT
TOTAL		

Signature: _____

Authorized by (Mr. Muse, Mr. Porter, or board member): _____

Return form, along with any receipts, to Ellie Owens- treasurer@lymanband.com

----- Do not write below this line -----

Date Processed: _____ Check #: _____ or Student Account: _____