

WCHSBPA

West Covina High School Band Parents Association

REIMBURSEMENT VOUCHER

Date: _____

Check Number _____

Check Amount: _____

Make check payable to:

In payment for:

For what purpose? (for ex: Music in Motion, uniforms, etc.): _____

Please indicate how you would like this check delivered:

_____ Pick up at school

_____ Pick up from treasurer

_____ U. S. mail

Mail check to
(address) _____

or Give check to: _____

Person requesting check: _____

Approved by: _____

President

Secretary

PLEASE NOTE:

- Any invoice or receipt received for the above purchase should be attached.
- Services costing \$600 or more that are provided by an individual that doesn't have a State business tax ID MUST fill out a W9. Payment will not be made unless the W9 is completed and returned to the Treasurer. This includes reimbursement for any payments made for such services. Purchase of goods or services provided by a registered business don't require a W9. If you have any questions, ask the Treasurer.