



PAYMENT VOUCHER

SIoux FALLS LINCOLN BOOSTER CLUB

Please allow one week for payment to be issued. If needed quicker, contact lhsboostertreasurer@gmail.com.

Delivery Options – Include Voucher AND Invoices/Receipts

- Scan and Email to lhsboostertreasurer@gmail.com (FASTEST)
- Mail to: LHS Booster Treasurer
2900 S Cliff Ave Sioux Falls SD 57105
- Bring to a Booster Meeting and give to Treasurer

Activity to be Charged: _____

Make Check Payable to: _____

Payable to: _____

If reimbursing yourself, second booster rep signature or email verification is required – see below

Address: _____

City, State, ZIP: _____

Purchase Date	Description of Purchase	Invoice # (if applicable)	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<i>If total is over \$1,000, second booster rep signature (or email verification) required – see below</i>			TOTAL: \$

I declare under the penalties of perjury that this voucher has been examined by me and that, to the best of my knowledge and belief, it is true and correct.

Date Booster Rep Signature Mobile Phone #

Booster Rep Email

If reimbursing yourself or TOTAL is over \$1,000, second rep signature or email verification required.

Date Second Booster Rep Signature Mobile Phone #

Booster Rep Email

Treasurer Only:

Check/Debit/Transfer Date

Check #

Initials

Entered in QB