

Elk Grove High School
EGIMA
Deposit/Payment Reimbursement Voucher

Submit to: EGIMA Treasurer
P. O. Box 148
Elk Grove Village, IL 60009

or egbandtreasurer@comcast.net

Name: _____

Phone: _____

Committee Name: _____

Date: _____

CASH RECEIPTS

Please complete this section if you have **COLLECTED** money from a fundraiser or EGIMA activity.

Amount Collected:

Cash \$ _____

Coin \$ _____

Checks \$ _____ # Checks _____

Total \$ _____

CASH DISBURSEMENTS

Please complete this section if you are **REQUESTING** a check reimbursement or cash from bank.

Original Receipts MUST be attached for reimbursement of funds

Amount \$ _____

Date Needed _____

Check Made Payable To: _____

Reason for Check Request:

FOR TREASURER'S USE ONLY

Date Paid _____

Check # _____

Account # _____