

# REQUEST FOR REIMBURSEMENT / PAYMENT OF EXPENSES

Charleroi Area Schools Band Boosters

Name of Requester \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Make check payable to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Check here if you want the check sent directly to the payee. Otherwise you will be emailed when the check is ready.

Budget Category\* \_\_\_\_\_ Amount \_\_\_\_\_

1. \_\_\_\_\_ \$ \_\_\_\_\_

Item(s) \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Item(s) \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Item(s) \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

Item(s) \_\_\_\_\_

**Check Total** \$ \_\_\_\_\_

## Approval

Signed \_\_\_\_\_

Position/Committee \_\_\_\_\_

Notes: \_\_\_\_\_

\*The Budget Category section must be filled in before payment can be issued. If you are unsure of the category, please contact the treasurer.

Use one form for each check requested.

A receipt is required for each expenditure. Please staple receipts to the *back* of this form.

-----  
INTERNAL USE ONLY

Signed \_\_\_\_\_

*Treasurer*

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_