

NORTHWEST GUILFORD BAND BOOSTERS  
CHECK/EXPENSE REIMBURSEMENT REQUEST

<b>For Treasurer's Use</b> Check # _____ Date issued _____
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DATE : \_\_\_\_\_ DOLLAR AMOUNT : \_\_\_\_\_

REQUESTED BY : \_\_\_\_\_

REIMBURSEMENT TO (PAYABLE TO) : \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PURPOSE : \_\_\_\_\_  
\_\_\_\_\_

For checks to be mailed  
please provide mailing  
address if not indicated  
on attached INVOICE.

Addr1	_____
Addr2	_____
City	_____
State	_____ Zip _____

\*\*\*\*\* Treasurer completes this section \*\*\*\*\*

CHARGE TO :  
EXPENSE LINE ITEM : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FUND RAISER : \_\_\_\_\_  
\_\_\_\_\_

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Reimbursement requests must have all corresponding receipt(s) attached to this form.</li><li>2. Please do not submit invoices for payment until goods have been received.</li><li>3. Submit this form and the original invoice(s) to the treasurer or leave in the folder in the Band Directors office.</li><li>4. Checks will be processed on a weekly basis and will be hand delivered during band functions or mailed directly.</li></ol> |
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TREASURER'S APPROVAL : x \_\_\_\_\_  
BOARD MEMBER APPROVAL : x \_\_\_\_\_