

# Reimbursement Submission Slip

*Please complete all of the following fields and attach all relevant documentation (correspondence, receipts, invoices, etc.) per item purchased prior to submission to the Music Boosters.*

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Reimbursement Submission Date: \_\_\_\_\_

Total Dollar Amount: \$ \_\_\_\_\_ Item Quantity: \_\_\_\_\_ Vendor: \_\_\_\_\_

Use / Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Treasurer's Use Only:

Check Number \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount: \_\_\_\_\_