



La Paz Music Boosters

EXPENSE / REIMBURSEMENT REQUEST

CHECK # ISSUED: _____

DATE: _____

PAYABLE TO: _____

REQUESTED BY: _____ PHONE: _____

COMMITTEE: _____ SIGNATURE: _____

ITEMS	DESCRIPTION/PURPOSE	AMOUNT

TOTAL: \$ _____

PLEASE ATTACH RECEIPTS TO THIS REQUEST FORM.
PAYMENT WILL NOT BE ISSUE UNLESS RECEIPTS AND OR INVOICES ARE ATTACHED

APPROVED BY: _____ DATE: _____

PRESIDENT'S SIGNATURE

_____ DATE: _____

SECRETARY'S OR TREASURER'S SIGNATURE

Budget Item Board-approved expenditure Date Approved in Minutes _____