

Folsom High School Music Boosters Expense Reimbursement Request

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

Date	Purpose/ Event	Merchant	Description	Amount
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL AMOUNT DUE →				\$

Our organization is NOT EXEMPT from paying Sales Tax. Do not give our Tax ID Number to Vendors/Merchants for this purpose.

Date

SIGNATURE: _____
You must sign this form in order to be reimbursed.

Approved by: _____
 Event Chairperson _____ (Title)
 Event Chairperson or one Board Member signature required for reimbursement

DIRECTIONS:

- Attach original receipt(s) to this form.
- Submit **within 10 days** of incurring expense(s).
- Reimbursement will be made within 15 days of receipt of completed, approved report.
- Completed reports can be submitted in the following manner:
 - General Booster Meetings
 - Dropped off in Music Room Office
 - Mailed to: FHS Music Boosters, PO Box 1464, Folsom CA 95763-1464

 FOR OFFICE USE ONLY

PAID: ____/____/____ **CHECK #** _____ SV PW WF US **AMOUNT:** _____