

**Band Boosters of Oakton High School**

**CHECK REQUEST/EXPENSE REIMBURSEMENT REQUEST**

Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Payable to (name) \_\_\_\_\_ Mail the completed request to:

Street/PO Box \_\_\_\_\_ Carole Pelfrey  
City/State \_\_\_\_\_ 3012 Dower House Drive  
Telephone No. \_\_\_\_\_ Oak Hill, VA 20171  
703-716-4147

Description of expenditure \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail check (circle one)? Yes No - if NO what arrangements?  
\_\_\_\_\_

Requester's Name : \_\_\_\_\_

Requester's Telephone No. : \_\_\_\_\_

Requester's Signature: \_\_\_\_\_

**IMPORTANT:** All invoices/receipts must be attached to the back of this form unless this is a request for an advance.

(Please do not write below this line)

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Treasurer only

Check # \_\_\_\_\_ Date check issued: \_\_\_\_\_

Account to be Charged: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_