

Band Boosters of Oakton High School

CHECK REQUEST/EXPENSE REIMBURSEMENT REQUEST

Date: _____ Amount \$ _____

Payable to (name) _____ Mail the completed request to:

Street/PO Box _____ *Roger Stern*
12772 Alder Woods Drive
City/State _____ Fairfax, VA 22033
703-453-9185

Telephone No. _____

Description of expenditure _____

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

Requester's Name: _____

Requester's Telephone No.: _____

Requester's Signature: _____

Committee Chairperson's Approval

Name: _____

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)

Treasurer only

Check # _____ Date check issued: _____

Account to be Charged: _____

Treasurer's signature: _____