

Band Boosters of Oakton High School

CHECK REQUEST/EXPENSE REIMBURSEMENT REQUEST

Date: _____ Amount \$ _____

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

Street/PO Box _____

Paula Anderson
3043 Bronzegate Court
Oak Hill, VA 20171
703-865-6959

City/State _____

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: _____

IMPORTANT : All invoices/receipts must be attached to 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: _____