



Peters Township Music Boosters

Expense Reimbursement Form

Date: _____

Event Name and Date: _____

Amount: _____

Name of Person Submitting: _____

Description:

Name and Address for Reimbursement Check to be sent:

Please retain a copy of the receipts until you are reimbursed. The chair of each committee must remain within the general membership/vote approved spending budget to receive reimbursement for the event. Receipts must be turned in to the treasurer within one month of the conclusion of the activity for reimbursement.

Please attach original receipts and mail to:

Peters Township Music Boosters
P.O. Box 942
McMurray, PA 15317

(For Treasurer)

Date Reimbursement Sent _____ *Check No.* _____

Total against approved budget _____

QuickBooks _____ *Budget* _____ *Excel Checkbook* _____