



Band Boosters of Oakton High School

REIMBURSEMENT REQUEST

Please scan and email this form and associated receipts to: treasurer@oaktonbands.org

Date: _____

Your Name: _____

Your Email: _____

Check Payable to: _____

Phone Number: _____

Mail Check to: _____

Amount of Check Requested: _____

Reason for Reimbursement: _____

Signature of Requestor:

_____ Date: _____

Signature (or attach written approval) of Chairperson for this expense:

_____ Date: _____

NOTE

- Receipt(s) totaling the amount of reimbursement **MUST** be attached.
- Incomplete forms or forms without receipts will be returned.
- Forms and receipts should be submitted within one month of the event/activity.
- Chairperson approval is required for all expenditures. Please attach written approval or get a signature from the committee chair. Chairpersons can submit directly.
- Please allow 2 weeks for reimbursement.

BBOHS USE ONLY

Check #: _____ Date of check: _____

Account to be charged: _____

Treasurer Signature: _____ Date: _____