

# Belle Vernon Marching Band Boosters

**Purpose:** Reimbursement: \_\_\_\_\_ Deposit: \_\_\_\_\_ Cash Advance: \_\_\_\_\_

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Committee / Account to be charged: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

## **SIGNATURES ARE REQUIRED BEFORE SUBMITTING THIS FORM**

Please attach all invoices (keep copies for your records)

When submitting checks for deposits – please attach a separate list to this form of each check by last name, check number, & check amount. Large amounts of cash must be double counted for verification by chair and treasurer before accepting.

DATE	DESCRIPTION	AMOUNT

**TOTAL:** \_\_\_\_\_

**Signature of Person Submitting:** \_\_\_\_\_

**Signature of BVAMBB Booster President:** \_\_\_\_\_

**Signature of BVAMBB Treasurer:** \_\_\_\_\_

**Signature of BVAMBB Financial Secretary:** \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_

Additional Notes: \_\_\_\_\_