

Oregon Band Boosters Reimbursement Request



Requester: _____

Ph. _____

Date: _____

Directions:

Complete this reimbursement form as best you can. If you are unsure of the budget line, inquire with the Treasurer or person who authorized the purchase. The other fields are necessary for proper reporting.

PURCHASE DATE	DESCRIPTION OF EXPENSE	BUDGET LINE	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Reimbursement Total			

Reimbursement Notes:

All funds requested are required to have receipts attached with this form. Without receipts, reimbursements will be refused.

The Oregon Band Boosters are a non-profit, tax-exempt organization. We do not need to pay taxes. If a our tax exempt number is needed, contact the Treasurer. Funds may be reimbursed without taxes.

treasurer@oregonbandboosters.org

*Completed by Treasurer	Date Paid	Check #	Amount

If check is to be mailed,
please provide mailing
address. _____

www.oregonbandboosters.org

Oregon Band Boosters, P.O. Box 283, Oregon, WI 53575