Viking Band Booster Club
Reimbursement/Expense Request Form

Date: _____ Debit Card Transaction: Yes / No

Requested By: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Item(s) Purchased: _____

Amount of Purchase: $_____

Reason for Purchase: _____

_____

****** Attach Copy of Receipt ******

Return form along with copy of receipt to **Karen Dodo** or **Jennifer Walters**.

FOR TREASURER USE ONLY

Ledger Item/Category: _____

Reimbursement Issue Date: _____ Check#: _____

Remittance By: ____ In Person ____ Mail ____ Deliver Through: _____

_____