



EXPENSE APPROVAL/ REIMBURSEMENT REQUEST

All expenditures must be pre-approved by the NHSIM Boosters. Please complete and return to music office or treasurer@napahighband.org.

NAME of Requestor:	DATE:
EMAIL:	PHONE:
CHECK PAYABLE TO:	
FULL ADDRESS (check will be mailed to recipient, or can be left at Music Office for pickup):	

Has this expense been previously approved?	
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	or <input type="checkbox"/> APPROVED AT MEETING DATE:
<input type="checkbox"/> BAND <input type="checkbox"/> JAZZ BAND <input type="checkbox"/> COLOR GUARD <input type="checkbox"/> DRUMLINE <input type="checkbox"/> ORCHESTRA <input type="checkbox"/> GUITAR	
EXPENSE DESCRIPTION: Receipt(s) totaling the amount of reimbursement must be included.	
	AMOUNT:

Board Approval:

APPROVED BY: (OFFICER SIGNATURE)	DATE:
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FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____