



# LIBERTY HIGH SCHOOL BAND

## Expense Reimbursement / Requisition Form

NOTE: All supporting invoices, receipts, or purchases orders must be attached to this form.

SUBMISSION DATE \_\_\_\_\_

PAYEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

- PLEASE MAIL CHECK
- PLEASE DELIVER CHECK TO SCHOOL
- PLEASE PAY ONLINE

INVOICE DATE	DETAILED DESCRIPTION	AMOUNT	BUDGET CODE
<b>TOTAL DUE</b>			
			CHECK DATE
			CHECK NUMBER

REQUESTER'S SIGNATURE \_\_\_\_\_

REQUESTER'S PRINTED NAME \_\_\_\_\_

DIRECTOR OF BAND'S SIGNATURE \_\_\_\_\_

BOOSTER PRESIDENT or TREASURER SIGNATURE \_\_\_\_\_