

RMHS Music Boosters Expense Reimbursement Form

Date: _____

Description of expense:

Mail reimbursement check to:

Name:	
Address:	
City, State, ZIP	

Treasurer's signature:		Date:	
If amount is over \$100, Board member signature:		Date:	

For accounting purposes only:

Line item in budget:	
Date paid:	
Check number:	

Submit this form and receipts (printed or electronic scan) to any member of the RMHS Music Booster Executive Board, Mr. Buti, Mr. Carroll or Ms. Walsh