

W.T. WOODSON CHORAL BOOSTERS



EXPENSE REIMBURSEMENT REQUEST



Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date(s) of Expense(s): \_\_\_\_\_

Is This a DOB Expense? \_\_\_\_ Yes \_\_\_\_ No If yes, which committee? \_\_\_\_\_  
(Costumes, Kitchen, Set Build, etc)

Brief Description of Expense: \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_ (Receipt/Invoice showing personal payment MUST be attached)

Tax Exemption Used? \_\_\_\_ Yes \_\_\_\_ No

Requester's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Approval Name (Committee Chair/Director): \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

\*\*\*\*\* FOR TREASURER ONLY \*\*\*\*\*

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_ Treasurer Initials: \_\_\_\_\_

