



Killian Middle School Orchestra Boosters 2014-15



Expense Reimbursement

Check will be made out to name or vendor below:

Name: _____ Today's Date: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Receipt Date	Expense Purpose	Item (s)	Vendor/Merchant	Amount

I agree that all expenses submitted on this claim are for Killian Middle School Orchestra purposes only.

Total Expense for Reimbursement:

\$

Signature

Date

Was the expense pre-approved? ___Y ___N

If Yes, by whom? Booster Club Officer Name: _____ or Orchestra Director ___(v)

***Submit your completed Expense Reimbursement Form to the 2014-15 KMS Orchestra Booster Club treasurer (Brenda Shukla) within 3 weeks of expenditure. Attach original receipts to the form (make copies for your records). OR MAIL TO: KMS Orchestra Booster Club, 2560 King Arthur Blvd., Ste.124, PMB 70, Lewisville, TX 75056**

Treasurer's Notes:

Check # _____

Date: _____

Amount: _____