

**Alpharetta High School Band
Expense Reimbursement Form**

Please complete this form for any authorized expenses incurred. Copies of receipts **MUST** be attached. *Email this form & receipts (scan or take pictures on your phone) to dianneholmquist@gmail.com*

(Note: Your reimbursement check will be mailed either directly or by the bank to the address given below)

Payable To: _____

Mailing Address: _____

Phone Number: _____

Email address: _____

Amount: _____

Description of Expenses: _____

Submitted by: _____

Date Submitted: _____

.....
DO NOT WRITE BELOW THIS AREA

Receipts attached? **Yes** **No**

Date Received:

Date Paid:

Check #:

Amount Paid:

Treasurer Signature: