

Folsom High School Music Boosters Expense Reimbursement Request

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Purpose/Event	Description	Amount
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT DUE →		\$

Attach original receipt(s) to this form.
 Submit **within 10 days** of incurring expense.
 Reimbursement will be made within 15 days of receipt of completed, approved report.

**PLEASE NOTE: Our organization is not exempt from paying Sales Tax.
 Do not give our Tax ID Number to Vendors/Merchants for this purpose.**

Completed reports can be submitted in the following manner:

- **General Booster Meetings**
- **Dropped off in Music Room Office**
- **Mailed to: Folsom High School Music Boosters
 Attention: Treasurer
 PO Box 1464
 Folsom CA 95763-1464**

Chairperson or one Board Member signature required for reimbursement: _____ Date _____

Requested by: _____

Approved by: _____
 (select one) Event Chairperson Treasurer Vice President President