

Valencia Band & Flag Boosters – EXPENSE REIMBURSEMENT FORM

Date _____

Requested by _____

Print Name

Signature

Booster Position _____

Payment Amount Requested \$ _____

Invoice Attached

Receipt Attached

Reason for expenditure _____

Address _____

Number / Street

()

City

State

Zip

Phone#

For Treasurer's Use

Budget Category	Check Number	Date Issued	Amount

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