



VISTA HIGH SCHOOL REGIMENTAL BAND AND PAGEANTRY CORPS

EXPENSE APPROVAL REQUEST

Your Name: _____ Date: _____

Amount: _____

_____ Check Request _____ Reimbursement Request

Payable To: _____

Original Payment Method (i.e. check # or credit card type): _____

Payable To: _____

_____ Student Account Credit

Original Payment Method (i.e. check # or credit card type): _____

Student Account Name: _____

Event or Activity: _____

Signature of Director or Event Coordinator: _____

Comments: _____

Instructions:

Please fill this form out completely; attach appropriate receipts or invoices. **Please get approval before you spend the money if you will want reimbursement. All expenses must be pre-approved regardless of whether they are included in the current year's budget.** Please allow 7-10 days to process. After filling out the form please give it to the Director, Treasurer, or place it in the Payment Box on the Band Office door.

Treasurer Use Only: Approved Denied Check #: _____ Date: _____

Budget Line Item: _____