



ROHS Band & Orchestra Boosters Payment/Reimbursement Form

Date: ____/____/____

Date of Event: ____/____/____

Event: _____

Purpose: _____

Pay To: _____ Phone/Email: _____

Amount \$: _____

For Treasurer Use

Check #: _____

Date Paid: ____/____/____

Budget Category: _____

Approved: _____

rohsbob.info@gmail.com / www.rohsbob.org



ROHS Band & Orchestra Boosters Payment/Reimbursement Form

Date: ____/____/____

Date of Event: ____/____/____

Event: _____

Purpose: _____

Pay To: _____ Phone/Email: _____

Amount \$: _____

For Treasurer Use

Check #: _____

Date Paid: ____/____/____

Budget Category: _____

Approved: _____

rohsbob.info@gmail.com / www.rohsbob.org