

# PLIMPA

Plain Local Instrumental Music Patrons Association

## Bill Payment/Reimbursement Form

Requestor \_\_\_\_\_ Date \_\_\_\_\_

PLIMPA Title \_\_\_\_\_ Phone Number \_\_\_\_\_

### DESCRIPTION OF BILL (including amount)

### PAYMENT INFORMATION

Make Check Payable To: \_\_\_\_\_

Print address if mailed:

Mail or Deliver By Hand (circle one)

Receipt attached?    YES                      NO (circle one)

### TREASURER NOTES

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Delivered or Mailed (circle)