

**SME ORCHESTRA BOOSTERS**  
**Request for Reimbursement/Check Advance to Vendor**

EVENT / COMMITTEE \_\_\_\_\_ DATE: \_\_\_\_\_

PERSON SUBMITTING REQUEST: \_\_\_\_\_

Receipts Attached? \_\_\_\_\_ Yes \_\_\_\_\_ NO (No Receipt Explanation):

\_\_\_\_\_

Items Purchased:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issue Check To: \_\_\_\_\_ Amount \_\_\_\_\_

Send to: (Name and Address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Or Bring To Next Meeting: \_\_\_\_\_

Treasurer:

Check Issued To: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_