



# 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: \_\_\_\_\_

Email invoices/receipts to: *treasurer.rohsbob@gmail.com* / Web: *www.rohsbob.org*



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