Avon Band and Orchestra Boosters

P.O. Box 169 · Avon, OH 44011

Expense Reimbursement Request

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail Address: _____

Expenses (please attach receipts for all items to be reimbursed):

Date	Description	Project/Event	Budgeted?	Total

Your Signature: _____ **Subtotal: $** _____

Today's Date: _____ **Less Cash Advance: $** _____

Total amount to Reimburse: $ _____

Apply Reimbursement to Child's Trip Account? Yes or No

If Yes, Who's _____

Edith Parrott, Treasurer 2010/2011