Wheaton North Band Parent Organization

Expense Reimbursement

Expense Submission Information

Your Name: _____

eMail: _____

Event Name: _____

Submit Date: _____

Itemized Expense Details

Date	Description/Purpose	Amount	Receipt (Y/N)
TOTAL		$	

Check Payment Information

Name: _____

Address: _____

SIGNATURE : _____

I certify that the expenses above were incurred by me and utilized for the benefit of the Wheaton North High School Band.

I also certify that the expenses, receipts and this report are accurate and appropriate for reimbursement.

Notes/Comments

Checklist

√ List each expense item on a separate line.

√ Include a receipt for each expense item.

√ Complete all information on the sheet.

√ Please sign to certify accuracy and appropriate nature of the expenses.

Office Use

Check Number: _____

Date Paid: _____