

LIVERMORE MUSIC

Expense Form

You must attach receipts or invoices for reimbursement. If additional items were purchased on the same receipt but are not being reimbursed, please clearly mark the items being reimbursed. You may scan and email both this form and all receipts to **treasurer@livermoremusic.com** or place in the mailbox located in the Music Room.

Requestor Name: _____ Date: _____

Email: _____ Phone #: _____

Make check payable to: _____

Please use one form per payee. If reimbursement for several receipts is to the same person, you may use one form.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please select one: Reimbursement Vendor Payment Other _____

Committee/Event: _____

Detailed Description: Please provide description for each invoice attached so that we can categorize the expense correctly.

Description:	Cost:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REIMBURSEMENT	\$ _____

For Music Booster Use: Approval requires the President or Vice President signature, cannot be the same as the Payee.

Board Member Name: _____ Signature: _____

Check No: _____ Check Date: _____

Funds delivered on _____ By: _____ To: _____

Acct Category _____ \$ _____

Acct Category _____ \$ _____

Acct Category _____ \$ _____

Acct Category _____ \$ _____