



## Cedarburg Band Boosters Expense Form

Form completed by: \_\_\_\_\_

Phone: \_\_\_\_\_

Budget line/ Committee: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description: \_\_\_\_\_

☐ Check Payment (**invoice/ receipt MUST be attached/ submitted with this form**)

☐ Pay directly to vendor/ supplier

☐ Pay me directly for out of pocket costs

Amount (total from all receipts): \_\_\_\_\_

Payable to: \_\_\_\_\_

Please mail check to (address): \_\_\_\_\_

\_\_\_\_\_

### Treasurer Use Only

Treasurer signature: \_\_\_\_\_

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

☐ Mailed/ Delivered

☐ Entered in Budget