

Cedarburg Band Boosters Expense Form

Form completed by:	
Phone:	
Budget line/ Committee:	
Date of Event:	
Description:	
 □ Check Payment (invoice/ receipt MUST I □ Pay directly to vendor/ supplier □ Pay me directly for out of pocket contains 	,
Amount (total from all receipts):	
Payable to:	
Please mail check to (address):	
Treasurer Use Only	
Treasurer signature:	
Date paid: Mailed/ Delivered Entered in Budget	Check #: