

**EL MODENA VANGUARD
BAND BOOSTER CLUB**
Expense Reimbursement/Distribution Form

Treasurer Use Only:	
Approved	_____
Check No.	_____
Date	_____
Amount	_____
Recorded	_____

Date _____

Submitted By _____

Payee (if other than requestor) _____

Address _____

City _____ State _____ Zip _____

***** Please attach receipts or invoices *****

DATE	DESCRIPTION	AMOUNT	ACCOUNT

TOTAL \$ _____

Delivery Options:

_____ Send or _____ Deliver to _____

_____ Send or _____ Deliver to **Payee**

_____ Place in Student Account