

Manteno Show Choir Boosters

PO Box 384

Manteno, IL 60950

EXPENSE REIMBURSEMENT FORM

NOTE: All original receipts must be attached to this form in order to be reimbursed. If there are multiple expense categories, write dollar amount spent next to each category)

Name of Person: _____

Date: _____

Signature: _____

Reimbursement Amount: _____

Reason/Explanation: _____

Expense Fund / Event Category (Circle One):

Clinicians

*Gala

*Food & Dining

Grand Paws Costumes

Magic Costumes

Mailing Supplies

*Main Event

Make-up (GP or Magic)

Overnight Trips

Show Choir Camp (MSCB)

Show Choir Camp of America

Other (specify): _____

Expense Fund / Sub Category (Circle One):

Food & Dining:

Competition

Practice

Other (Please Specify): _____

Gala:

Decorating

Food

Reservations

Stage

Other (Please Specify): _____

Main Event:

Candy/Ice Cream

Cookies

50/50

Flowers

Hospitality Room

Kitchen

Other (Please specify): _____

Expense Authorization (for Board Use Only):

Treasurer Signature: _____

Date: _____

Co-Treasurer Signature/Designee: _____

Date: _____

Check Number: _____ Cash: _____

Date: _____

