

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):

*Main Event *Gala *Food / Dining Show Choir Camp (MSCB) Grand Paws Costumes Magic Costumes Mailing
Supplies Show Choir Camps of America Clinicians Magic Make Up Overnight Trips Grand Paws Make Up
Other (specify): _____

Expense Fund / Sub Category (Circle One if applicable):

Food & Dining:

Competition Practice Other (specify): _____

Gala:

Decorating Food Reservations Stage
Other (specify): _____

Main Event:

Candy / Ice Cream Cookies 50/50 Flowers
Hospitality Room Kitchen
Other (specify): _____

Expense Authorization (For Board Use Only)

Treasurer Signature: _____ Date: _____ Co-

Treasurer Signature / Designee: _____ Date: _____ Check Number:

_____ Cash \$ _____ Date: _____