



Request For Reimbursement/Payment Authorization Form

INSTRUCTIONS: Please complete all un-shaded parts of the form. Attach original invoices/receipts/bill statements. Place the completed form and its supporting documents in the White Booster Box located in the Music Room. If this form is incomplete and/or missing necessary documentation, it may not be processed. Questions/Need assistance please contact the treasurer at treasurer@ElToroMusic.org

Expenditure Information – To be Completed by Person Requesting Payment

Detail of Expenditure(s):

1. Description of item(s) purchased: _____

2. Program/Event for which expenditure were made: _____
3. Total amount (attach all receipts/invoices): _____

Payee:

Payee name: _____
Email: _____ Phone #: _____

Method of Payment (Select one):

<input type="checkbox"/> Leave Check At School In Music Room	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Mail Check To Address Below	<input type="checkbox"/> PayPal
<input type="checkbox"/> Direct Payment To Vendor Via Check	<input type="checkbox"/> Other: _____

Special Instructions/Mailing Address: _____

Signature of person requesting payment:

Date: _____

Approvals – Both Signatures Required

President: _____ Date: _____

Treasurer: _____ Date: _____

Budget Line Item: _____

Treasurer Use Only:

Check/Transaction ID # _____ Check/Transaction Date: ___/___/___ Check/Transaction Amount \$ _____