

BATTLEFIELD HIGH SCHOOL  
BAND SUPPORT ORGANIZATION

**Request For Reimbursement**

Event/Reason: \_\_\_\_\_  
*e.g. VBODA Concessions, trailer repair, hospitality*

Date: \_\_\_\_\_

**Expenses:**

<i>Company Name</i>	<i>Amount</i>
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total:</b>	_____

**\* Receipts must be attached to receive reimbursement**

Signature: \_\_\_\_\_

*\*Treasurer Use*

Date Received: \_\_\_\_\_

Total Reimbursement: \_\_\_\_\_

Check Number: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_