Milford Bands

Milford Band Boosters

P.O. Box 204
Milford, OH 45150

Expense Reimbursement Form

Date _____ **Phone #** _____

Name (Printed) _____ **Name (Signature)** _____

Mailing Address _____

E-Mail Address _____

Group: (Circle One) **General Fund** **Marching** **Winter Drumline** **Winter Guard**

{NOTE: Complete a separate form for each group. Do not include more than one group on the same reimbursement form.}

Signature of Chair: _____

Expense Category & Description of Reimbursement	**$$ Amount $$**
{Examples of expense category - Fundraising, Food, Travel, Equipment, Fuel, Supplies, Office Expense, Props, Uniform, Spirit Wear, Shirts, Tickets, Clinicians, Etc.}	

☞ ***To receive reimbursement, a copy of the receipt must be attached .*** ☜

TOTAL $ _____

Questions?: Treasurer.MilfordBand@gmail.com

Treasurer Use Only

Date Paid: _____ Check #: _____ Amount: _____