

LRHS PERFORMING ARTS BOOSTERS

PAB Expense Reimbursement Form

Requestor Name _____

Today's Date _____

Phone _____

e-mail _____

**** FOR CHECK DISBURSEMENT ****

Copy of invoice or receipt **MUST** be included

Please reimburse (name to put on check) _____

In the amount of \$ _____

Attached is my receipt for (choral related item) _____

Address if check is to be mailed _____

Reimbursement check is to be given to student during class

Student Name _____

Chorus: Capital Pride Intermediate Beginning

***Please put this form with any attachments in the
Expense Reimbursement folder in the Chorus room.***

PAB Use Only

Date Paid _____ Check # _____