

Arlington Band Booster Receipt Form

Present this form and accompanying receipts to the ABBI Treasurer to receive reimbursement for expenditures made for Arlington Band Boosters.

- **Original receipts must be presented for all expenditures.**
- **Number and staple all receipts to this form.**
- **One row per receipt. Use multiple forms if required.**
- **You are responsible for getting this form and attached receipts to the ABBI Treasurer. Please make copies of receipts and this form before submitting it to the treasurer.**
- **Authorization must be received (where needed) prior to making an expenditure in order to receive reimbursement.**
- **Return this form and attached receipts to Arlington Band Boosters , Inc., Attn: Treasurer, PO Box 66, LaGrangeville, NY 12540**

Name _____ Date _____ Phone _____

E-mail _____ Mailing Address _____

#	DATE	ITEM DESCRIPTION	COMMITTEE / ACTIVITY	Vendor/Store	AMOUNT
1					
2					
3					
4					
5					
6					
Total					