

Staple the ORIGINAL RECEIPT to the back of this form and keep a copy for your records



**Expense Report**

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

Total Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- |                                       |                                       |                                    |                                      |                                 |
|---------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Food Support | <input type="checkbox"/> Spirit       | <input type="checkbox"/> Guard     | <input type="checkbox"/> Awards      | <input type="checkbox"/> Pit    |
| <input type="checkbox"/> Concessions  | <input type="checkbox"/> Senior Night | <input type="checkbox"/> Band Camp | <input type="checkbox"/> Tag Day     | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Car Wash     | <input type="checkbox"/> Competition  | <input type="checkbox"/> Uniforms  | <input type="checkbox"/> Other _____ |                                 |

Enter each receipt in the table below:

Date	Committee	Description	\$	>\$50 Preapproval by	(Acct)

Office Use Only:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Check#: \_\_\_\_\_

**Fill out Expense Report, attach receipts to back of paper, submit for payment:**

**\*Drop off to your Committee Chair or to Stephanie Woodruff (419-343-9429)**

**\*Put in band drop box outside Bob's office**

**\*Mail to: Mason Band Boosters, PO Box 310 Mason OH 45040**