



Lake Band Boosters Expense Report / Check Request

Request Type: <i>(choose only one)</i>	Check Request / Reimbursement Invoice to be paid by Treasurer Receipt for Boosters debit card purchase
Date:	
Dollar Amount:	
Event:	
Purpose & Description: <i>(Provide split amounts and details when applicable)</i>	
Make Payable-To, & Payment Instructions: <i>(specify vendor for debits)</i>	
Requestor's Name: <i>(please print)</i>	
Requestor's Signature: <i>(or requestor's email address if sending by email to treasurer)</i>	

Please attach receipts and submit to Treasurer either in-person,
 or by mail to: PO Box 315, Hartville OH 44632
 or by e-mail to: Treasurer@LakeBandBoosters.org

Treasurer Use Only:

<i>Check #:</i>		<i>Notes:</i>
<i>Amount:</i>		
<i>Date:</i>		
<i>Treasurer Signature:</i>		
<i>2nd Officer Signature:</i> <i>(when applicable)</i>		