

Brookfield Band & Guard Parent Association Expense Reimbursement Form

Instructions:

1. **ONLY Pre-Approved expenses may be submitted for reimbursement.**
2. Pre-Approval is **required** from the association's President, Vice President or Treasurer.
3. This form must be fully completed, signed and dated.
4. **ALL** Original and valid receipts must be stapled to the back of this form.
5. Submit the completed form including attached original/valid receipts to the associations Treasurer within fifteen (15) days of the pre-approved, incurred expense.
6. MAIL: **Brookfield Band & Guard Parent Assoc. – PO Box 207 – Brookfield, CT 06804**

| Date of Receipt | Budget Category or Event Name | Description of expense | \$ Amount |
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| \$ _____ |
| Total Pre-Approved Amount submitted for Reimbursement |

The above submitted expenses have been pre-approved by: _____

Submitted by – Signature required: _____ **Date Signed:** _____

First Name _____ Last Name _____

Street Address _____

City _____ State/ZIP Code _____

To be completed by the Treasurer:

Check # Issued: _____ Check Date: _____ Check Amount: _____