

OSWEGO HIGH SCHOOL BAND BOOSTERS

EXPENSE REIMBURSEMENT SUMMARY

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE #:

Purpose of Expense:

CHARGE TO EXPENSE

CATEGORY:

DATE	DESCRIPTION	PURCHASED FROM	TOTAL

ATTACH RECEIPTS TO THIS FORM

CHECK NUMBER:

APPROVED BY:

SUBTOTAL:

LESS CASH ADVANCED:

TOTAL DUE:

DATE:

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## CHARGE TO EXPENSE

**CATEGORY:**

[illegible]

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