

**SENECA VALLEY BAND BOOSTERS**  
**Expense Reimbursement Request**

Date of Purchase: \_\_\_\_\_

Amount of Purchase: \$ \_\_\_\_\_

Reason: \_\_\_\_\_

Total Amount of Advance: \$ \_\_\_\_\_

Less Total Receipts: - \$ \_\_\_\_\_

Amount due: = \$ \_\_\_\_\_

Signature of Purchaser: \_\_\_\_\_

Make Check Payable To:

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

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

\_\_\_\_\_

To be completed by Treasurer:

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

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**SENECA VALLEY BAND BOOSTERS**  
**Advance Request**

Amount Requested: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Make Check Payable To:

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

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

\_\_\_\_\_

To be completed by Treasurer:

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_