LHS Drama Boosters

Expense Reimbursement Form

Name (indicate how it should be written on the check) & Mailing Address:

_____

_____

_____

Best way(s) to reach you with questions (call/text/e-mail):

_____

Activity/Event/Show:

_____

Supplies/Materials/Items Bought:

_____

_____

_____

_____

Purpose (ex: costumes, props, set, meals):

_____

_____

Amount of Reimbursement: _____

- We are a tax exempt entity and do not reimburse for taxes; if you use our tax exempt id number when making purchases, you'll avoid paying taxes
- If you need a copy of our tax exempt card for purchases email libertydramaboosters@gmail.com
- Attach the original receipt(s) (keeping a copy for your records)

Your Signature: _____ Date: _____

Please submit reimbursement requests within 2 weeks of the outlay of costs.

Checks are cut twice a month. Thank you!

Approved by: _____

Signature of Approval: _____