

Copley Music Boosters
Reimbursement / Check Request Form

For treasurer only: Check # _____ Amount \$ _____ Account: _____ Date Mailed _____
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Date Submitted: _____

Submitted by: _____ Phone: _____

Amount Requested (excluding sales tax): _____

Receipts Attached? YES NO (if no, see #6 below) Event Date: _____

Budget Line Item money is to come from: [#000] _____

--- OR ---

'Program' Tracking Line Item money is to come from: [#000] _____

Specific Tracking List/Year _____

Notes:

Signature: _____

Boosters' President Signature: _____

AND

Committee Chair Signature: _____

(Required for reimbursement if no receipts are attached)

Make check payable to: (please print)

Name: _____

Address: _____

For treasurer only: Budget Updated _____ QB Updated _____

This form is to be used when requesting a payment to be made from money documented in the annual budget or from a Booster program tracking document. If the payment is to be made from money allocated in the Copley Music Boosters' Savings Account Allocation document, use the Savings Account Withdrawal Request form.

Note: A program tracking document identifies all monies received and payments made on behalf of a specific project or program which makes use of the Copley Music Boosters' bank accounts. These monies are not included in either the annual budget or in the savings account allocations. Examples include, but are not limited to: student attire fees, winter guard program, annual band banquet.

General comments:

- Form and receipts **MUST** be submitted within 30 days of the order or purchase.
- Receipts should include **ONLY** those items purchased for Boosters. Have cashier ring up personal items separately. **SALES TAX IS NOT REIMBURSABLE**. Tax exemption forms are available from the treasurer.
- Please contact the treasurer with any questions.
- Information provided with this form should be sufficient and self-documenting so as to allow a reasonable understanding of the circumstances 3 years in the future if questions arise.

1. Date submitted: date form is completed or turned in to the treasurer.
2. Submitted by / Phone: person to whom treasurer can address questions.
3. Amount requested: total amount requested to be paid
4. Receipts attached / Event Date: as applicable

Choice of category for payment

5. Budget Line Item : identification of the budget line item number
6. "Program" Tracking Line Item: identification of the budget line item number
Specific Tracking List/Year: notation of the program tracking document
Example: winterguard program 2019-2020
7. Notes: details surrounding this payment, such as timing of this purchase or projected use of items purchased if not obvious from receipts or invoice. Information provided should be self-documenting for a future review of this payment.
8. Signature: person submitting this form
9. Boosters' President Signature and Committee Chair Signature: two signatures are required if receipts are missing or not attached to the request.
10. Make check payable to: name and address of payee.