SLHS Theatre Arts Boosters, Inc.

Expense Reimbursement

Attach vendor receipts to this form for backup

Check #: _____

Date Paid: _____

Processed by: _____

Date	Merchant	Description of expense incured	Amount
		Total	

The reimbursement check is made payable to the following: (Please print clearly) _____

_____

Submitted by **Date**

_____

Approved by **Date**