

Reimbursement Request

This form is required for all reimbursement requests for the WSIMB. Please complete this form and **turn it into the person authorized to submit this request** (see list below). Your request will only be reimbursed if it is an approved budgeted expense.

Original Receipts Required

Please staple original receipts to this request.

Please print clearly

Reimbursement amount requested: \$ _____

Explanation of Expenditure: _____

Budget Category to be paid out of: _____

If you do not know what category this falls into, please provide a detailed explanation of the expenditure.

If the expenditure falls into multiple budget categories, check this box:

If yes, please list each category and break out the amount for each category on the back of this sheet.

Reimbursement to be sent to (please include your Name, Phone & Address):

Authorizing Signature: _____

Budget Category: _____

People Authorized to Request Reimbursement:

John Laswell

Rob Wesley

Chairmen – Only Related to Whatever They're Chairing

Nikki Szymanski – Guard Related Only

Drew Brown – Percussion Related Only