



Penncrest Band Parent Association

Check/Reimbursement request for board-approved expenses

- Please use a separate cover sheet for each person to be reimbursed.
- Please use a separate line for each receipt.
- All receipts need to be dated, categorized and attached to this cover sheet.
- Reimbursement request must be received within 30 days of incurring expense.
- When complete drop off in the lockbox in the band room or email to: treasurer@penncrestband.org

Event/Program Name: _____
 Event/Program Chairperson: _____
 Event/Program Budget: _____
 Name (Payee): _____
 Email Address: _____
 Mailing Address: _____

Please select how you would like to receive your check:

- Pick up in band room
 Mail to address provided

Phone #: _____

City _____ State _____ Zip _____

Date	Description	Category	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Subtotal:	_____

Less: Advance Payment: _____

Amount to credit to student account: Student Name _____

 Student Name _____

 Student Name _____

Amount to designate as charitable contribution (a contribution receipt will be emailed to you): _____

The Penncrest Band Parent Association Inc is a 501(c)(3) nonprofit organization.
 Donations are tax-deductible to the extent allowed by law. Tax ID # **81-3549354**

Net Reimbursement Amount: _____

Additional Comments or Instructions

Signature _____ Date _____

Board Member Approval (required for amounts in excess of approved budget) _____ Title _____ Date _____

Office Use Only

Date Received: _____ Date Issued: _____
 Received By: _____ Check #: _____
 Amount: _____