



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 major 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 treasurer's mailbox in the band room or email to: treasurer@penncrestband.org

Event/Project Name: _____

Event/Project Chairperson: _____

Event/Project Budget: _____

Name (Payee): _____

Email Address: _____

Phone #: _____

Mailing Address: _____

City _____ State _____ Zip _____

Please select how you would like to receive your check:

- Pick up in band room
- Mail to address provided

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	_____

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 _____

Office Use Only

Date Received: _____ Date Issued: _____

Received By: _____ Check #: _____

Amount: _____