

RHS KILTIE BAND BOOSTER EXPENSE FORM

Name: _____

Date: _____

Date of Receipt	Vendor Name	Description	What is it for?	Approved By	Amount
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL OWED:	\$

Signature: _____

Purchase method: ☐ Personal Payment - reimbursement needed

☐ Booster Credit Card - (Check one) ☐ Directors Account or ☐ General Account

☐ Vendor Payment - Invoice from vendor that needs to be paid

*Email completed form and all supporting receipts to the Treasurer, Patricia Tarlton, at dgtarlton@yahoo.com.
Incomplete forms or missing receipts may result in delay in reimbursements.*

