

## EAST BAND & GUARD BOOSTERS EXPENSE/REIMBURSEMENT FORM

Lincoln East High School  
 Attn: Lincoln East Band Booster Treasurer  
 1000 S 70<sup>th</sup> St  
 Lincoln, NE 68510  
[eastbandexecutiveboard@gmail.com](mailto:eastbandexecutiveboard@gmail.com)



Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

If applicable – Original receipts **MUST** be attached to receive reimbursement.

PURCHASED FROM	DESCRIPTION/REASON FOR PURCHASE	DATE	AMOUNT
<b>Check one below:</b>			<b>TOTAL</b>

- Issue reimbursement to name and address listed above.
- (If different from name above) Make check payable to: \_\_\_\_\_

**SIGNATURE AUTHORIZATION**

\_\_\_\_\_  
 Authorizer/Purchaser Date

\_\_\_\_\_  
 Booster Officer Date

FOR TREASURER USE		
Date	Check #	Amount

\_\_\_\_\_  
 Booster Officer/Treasurer