

Raymore-Peculiar Band Boosters Club, Inc.

P.O. Box 913

Raymore, Missouri 64083

www.raypecband.org



Reimbursement Request

Name _____

Date of Request: _____

Make reimbursement check payable to: _____

Date expense occurred: _____

Expense paid to: _____

Amount: _____

Expense approved on (meeting date) or by (officer name): _____

Receipt attached: Yes No

Brief description of request: _____

----- FOR TREASURER USE ONLY -----

Approved: Yes No

Treasurer comments: _____

Paid date: _____

Check Number: _____