

Novi High School Orchestra Boosters Expense Form

Name: _____ Date: _____
Email: _____ Phone: _____
Event/Activity: _____

Please return this completed form and itemized receipts to the booster mailbox in the orchestra room or scan and email to the Boosters' treasurer (nhsorchestrat@gmail.com) with subject, "Reimbursement."

** Use this section if this is an expense reimbursement or check request **

Amount of check request/reimbursement \$ _____

Is your itemized receipt or invoice attached? Yes ☐

If requesting a check, check should be made out to: _____

Do you want the check/reimbursement mailed or issued via Zelle?

☐ Check mailed Name: _____

Address: _____

☐ Zelle transfer Recipient Name (or mobile phone #; your account must be set up to receive transfers): _____

Itemized expense description: (attach second page if necessary)

Item:	Cost:
_____	_____
_____	_____
_____	_____
_____	_____
Total to be reimbursed:	_____

** Use this section if this request is for a credit card payment **

Amount to be paid \$ _____

Is your itemized receipt, invoice, or quote attached? Yes ☐

Will you be emailing a hyperlink for payment to nhsorchestrat@gmail.com? Yes ☐ No ☐

Invoice number _____ Account number _____ (if applicable)

Vendor website _____ (if applicable) Vendor phone # _____ (if applicable)

Itemized expense description: (attach second page if necessary)

Item:	Cost:
_____	_____
_____	_____
Total to be reimbursed:	_____