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**EXPENSE REIMBURSEMENT REQUEST FORM**

**DOUGLAS FREEMAN CHORAL BOOSTERS**

**2022-2023**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check to be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address for mailing check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email or phone number (in case of questions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List expense, description and amount below: (Attach invoices and/or receipts to this form)**

|  |  |
| --- | --- |
| **DESCRIPTION/ include budget category** | **AMOUNT** |
|  |  |
|  |  |
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|  |  |
|  |  |

**Total Submitted for Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of requestor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach receipts and submit form to:**

**Denise Ellen, DSF Choral BoostersTreasurer**

**Douglas S. Freeman High School**

**8701 Three Chopt Road**

**Henrico, VA 23229**

**dsfhscb@gmail.com**

**Treasurer’s Use: Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**