

COSBY HIGH SCHOOL CHORAL BOOSTERS

Reimbursement Request

(Receipts Attached)



Date: _____

Payable To: _____

Purpose/Event: _____

Amount Requested: _____

Signature: _____

_____ **Please bring check to the next board meeting**

_____ **Please mail disbursement to the following address**

PAYMENT INFORMATION:

Check No. _____

Amount: _____

Date Paid: _____