FCMTA Request for Reimbursement

Attach all receipts to this expense statement

Please get a board member or committee chair to sign 'approval'

Name:_____ □Board member □Committee Chair □Other

Phone:_____ Email: _____

Address: _____

Purchase Date	**Store/ Payee**	**Item**	***Budget Account/ Reason**	**Amount**
_____	_____	_____	_____	**$**_____
_____	_____	_____	_____	**$**_____
_____	_____	_____	_____	**$**_____
_____	_____	_____	_____	**$**_____
_____	_____	_____	_____	**$**_____
_____	_____	_____	_____	**$**_____

Date:_____ Total Expense: $_____

Purchaser Signature: _____

Committee Chair Approval Signature: _____

*Budget Accounts

Halloween Recital		Sonatina Festival		Administrative Expenses		Meetings	
	Goody Bags		Meals, Snacks				Presenter
	Printing		Printing	Community Arts Events			Refreshments
	Misc Exp		Scholarship		Give-Aways		
					Printing	Performance Award	
Ensemble Festival		Advertising			Misc Exp		
	Printing					Keyboard Musicianship	
	Misc Exp						

Check No:_____ Paid by:_____ Date Paid:_____