

**CHEROKEE BAND BOOSTERS ASSOCIATION, INC.**

**P.O. Box 366  
Marlton, NJ 08053  
chsbdb@gmail.com  
www.chsbb.com**

**Request for Reimbursement**

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

**Date of Purchase:** \_\_\_\_\_ **Amount Requested: \$** \_\_\_\_\_

**Description of Expenses (use back of form for more details):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expense Category:**

- Office**
- Fundraiser**
- Home Competition/Jazz Competition**
- Props/ Band Supplies**
- Staffing**
- Other** \_\_\_\_\_

**Check should be written out to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please attach all receipts and/or invoices related to this request for reimbursement and submit to the treasurer at [treasurer@chsbb.com](mailto:treasurer@chsbb.com) or in person within a timely manner.**

**Please note:**

- **Expenses over \$200, or those that will exceed the annually budgeted amount for an event or line item, must be approved by the CHSBB Executive Board.**
- **Any expenses not submitted by the end of the fiscal year (June 30) will not be reimbursed for that year.**