

Broomfield Symphony Orchestra

Reimbursement Form for Expenses

(A donation is not occurring. A budgeted expense is being covered by someone, and that person needs to be reimbursed.)

Date: ____ / ____ / ____

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Amount of Reimbursement: \$ _____

Purpose of Reimbursement (Please circle one – if multiple categories apply, provide a breakdown):

- Copies
- Library Supplies
- Administrative Supplies
- Food
- Marketing & Promotion
- Substitute Players, Musicians, Guest Artists
- Other (Please describe):

*****You must attach a copy of a receipt or paid invoice to receive reimbursement.**

Generally, reimbursements will be provided within 1 week of submitting a request (typically at the next rehearsal, or group meeting); however, certain matters requiring Board Approval may take longer.

Please contact David Oliver, assistant treasurer should you have any questions.