



Pope Band Parents Association



REQUEST FOR REIMBURSEMENT

RECEIPTS MUST BE ATTACHED AND SUBMITTED WITHIN 30 DAYS OF PURCHASE.

REQUEST DATE: _____

NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

AMOUNT: \$ _____ DATE NEEDED*: _____

DESCRIPTION: _____

COMMITTEE/EVENT: _____

DISPOSITION OF CHECK: MAIL HAND DELIVER

REQUESTOR'S SIGNATURE: _____

SUBMIT REQUEST TO:

TREASURER - POPE BAND PARENTS ASSOCIATION
3001 HEMBREE ROAD MARIETTA, GA 30062

OR PLACE IN WHITE LOCK BOX IN BAND ROOM ATTN: TREASURER

*NOTE: UPON RECEIPT OF REQUEST, PLEASE ALLOW ONE WEEK FOR REIMBURSEMENT.

FOR TREASURER'S USE ONLY

CHECK #: _____ DATE ISSUED: _____ DATE MAILED: _____

CHARGED TO BUDGET ITEM: _____

COMMENTS: _____

TREASURER'S SIGNATURE: _____

SUE SENGPIEL, TREASURER - (312) 543-2485 - PBPATREASURER@GMAIL.COM