



# VISTA HIGH SCHOOL REGIMENTAL BAND AND PAGEANTRY CORPS

## EXPENSE APPROVAL REQUEST

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate: \_\_\_\_\_ Check Request \_\_\_\_\_ Reimbursement request

Amount: \$ \_\_\_\_\_ Check Payable To: \_\_\_\_\_

Event or Activity: \_\_\_\_\_

Signature of Director or Event Coordinator: \_\_\_\_\_

Comments: \_\_\_\_\_

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

### Instructions:

Please fill this form out completely; attach appropriate receipts or invoices. **Please get approval before you spend the money if you will want reimbursement. All expenses must be pre-approved regardless of whether they are included in the current year's budget.** Please allow 7-10 days to process. After filling out the form please give it to the Director, Treasurer, or place it in the Payment Box on the Band Office door.

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Treasurer Use Only: Approved Denied Check # \_\_\_\_\_ Date: \_\_\_\_\_

Account: \_\_\_\_\_