



W.T. WOODSON CHORAL BOOSTERS
DOB EXPENSE REIMBURSEMENT REQUEST

Name: _____

Date: _____ Amount: _____

Tax Exemption Used - YES _____ NO _____

Expense area (set construction, costumes, etc.): _____

Brief Description of Expense: _____

Requester's Signature: _____

Name & Address for Reimbursement Check:

Approval (DOB Chair): _____

Please attach invoices/receipts to this form and mail to:

Pam Lorenz, 4053 Hunt Road, Fairfax, VA 22032

***NO EXPENSE CAN BE REIMBURSED WITHOUT AN INVOICE
OR RECEIPT. NO EXCEPTIONS.***

FOR TREASURER USE ONLY:

Date Paid: _____ Check #: _____ Treasurer Initials: _____