



SHAWNEE BAND

PARENT ASSOCIATION

PO Box 132 MEDFORD NJ 08055

Expenditure Receipt

Date Submitted: _____

Amount Requested: _____

Payable to: _____

Email Address: _____

Print Neatly

Description of related expense/reimbursement. Give details indicating event -- instruments, supplies, costumes, staffing, mailings, etc.

Reimbursement Options:

☐ Reimbursement via Venmo Credit Card Paypal

☐ Mail check to address: _____

Print Neatly

Do not forget to attach receipts and/or invoices

Expenses over \$200 or those that will exceed the budget must be approved by the SBPA

FOR TREASURER USE ONLY

Check Numr _____

Account: _____

Class: _____

Check Date _____

Account: _____

Class: _____