

UPPER ST. CLAIR BAND PARENTS ASSOCIATION

**2010-2011
BILL PAYMENT/
EXPENSE REIMBURSEMENT FORM**

**Submit to:
Audrey Reilly, Treasurer
USC Band Parents Association
1778 Norsen Drive
Pittsburgh, PA 15243**

COMMITTEE OR ACTIVITY: _____

Date of Request: _____

Treasurers' Use Only:

Payment/Reimbursement Amount: _____

Date Paid _____

Check # _____

Description of Expense:

Attach Receipt(s) for Reimbursement or Vendor Bill(s) for Payment

REIMBURSEMENT SUBMITTED BY: _____

**2ND APPROVAL REQ'D (President or VP)
FOR REIMBURSEMENTS OVER \$1,000.00:** _____
(Please get 2nd signature before submitting to treasurer or payment may be delayed)

MAIL REIMBURSEMENT TO:

Name: _____

Address: _____
