

UPPER ST. CLAIR BAND PARENTS ASSOCIATION

**2009-2010
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 FOR
REIMBURSEMENT OVER \$1,000.00:** _____

MAIL REIMBURSEMENT TO:

Name: _____

Address: _____
