

**UPPER ST. CLAIR BAND PARENTS ASSOCIATION**

**2011-2012  
BILL PAYMENT/  
EXPENSE REIMBURSEMENT FORM**

**Submit to:  
Rich Cimina, Treasurer  
USC Band Parents Association  
195 Warwick Drive  
Pittsburgh, PA 15241**

**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:** \_\_\_\_\_

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

**MAIL REIMBURSEMENT TO:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_