

**STRATFORD CHOIR BOOSTER CLUB  
REIMBURSEMENT REQUEST FORM**

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_  
(if different)

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EVENT: \_\_\_\_\_

APPROVAL:

**DESCRIPTION OF EXPENSES:**

**AMOUNT:**

_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL EXPENSES:** \_\_\_\_\_ -

***Staple COPIES of receipts  
to this form and mail/drop-  
off at:***

Kaci Guy  
13414 Tosca Lane  
Houston, TX 77029

Questions?  
[kaciguy@gmail.com](mailto:kaciguy@gmail.com)  
(713) 501-5107

*Treasurer use only:*

<b>Check #:</b> _____
<b>Check Date:</b> _____ com
<b>Check Amt:</b> _____