Lake Braddock Orchestra Boosters 2011-2012
FORM: Request for Reimbursement

Mail/Deliver To: LBOB Treasurer, c/o Reecie Ford
9122 Lake Braddock Drive
Burke, Va 22015

Phone: (703) 426-1938
Email: fordrk@cox.net

From: _____ LBOB Position/Comm: _____

Phone: _____ Email: _____

Date submitted to Treasurer: _____

Type of reimbursable expense or activity:

Purchase Date	Item(s)	$ Amount	Receipt? Attach original receipt	Other Notes: If no receipt, please provide explanation
		$	Yes/No	
		$	Yes/No	
		$	Yes/No	
		$	Yes/No	
		$	Yes/No	
		$	Yes/No	
		$	Yes/No	
		$	Yes/No	

TOTAL $

Please include your address here if you wish to have the check mailed to you:

Other Instructions/Explanations:

This area is for Treasurer's use only:

Date Received: _____ **Date paid** _____ **Check #** _____

LBOB Budget Category _____ **Amount: $** _____

Approval: _____