



### Kamiak Performing Arts Boosters Expense Reimbursement Request

[www.kamiakarts.org](http://www.kamiakarts.org)

- Before incurring expense on behalf of a Kamiak performing arts program, please verify that the expenditure has been approved by that program's director, in accordance with the program's approved budget
- This completed form signed by the program director or designee AND related receipts must accompany all reimbursement requests, please keep copies for your records.
- Requests must be submitted within **45 days** of the expense
- Complete the form online, save and email along with scanned copy of receipt to Director for approval, Director will forward to Treasurer. **OR** deliver signed request and receipts to KPAB Treasurer via payment box in the band room OR mail to KPAB, PO Box 1016, Mukilteo, WA 98275
- For questions please contact your program director, or the Treasurer at [treasurer@kamiakarts.org](mailto:treasurer@kamiakarts.org)

Date of request \_\_\_\_\_

Amount \$ \_\_\_\_\_

Detailed Description of Expense

Event name \_\_\_\_\_ Date of event \_\_\_\_\_

Vendor \_\_\_\_\_

Item or service purchased: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the program for which you incurred this expense. If the expense is shared by more than one program, please indicate a percent for each.

Show Band \_\_\_\_\_ Fall Guard \_\_\_\_\_ Winter Guard \_\_\_\_\_ Jazz \_\_\_\_\_ Choir \_\_\_\_\_ Drama \_\_\_\_\_ Orchestra \_\_\_\_\_  
Dance \_\_\_\_\_ Winter Percussion \_\_\_\_\_ Other (please list) \_\_\_\_\_  
OR boosters general expense \_\_\_\_\_

Please select your preferred reimbursement method from the two choices below:

1. Credit reimbursement to the following student's KPAB account

\_\_\_\_\_

**OR**

2. Make check payable to: \_\_\_\_\_

Mail check to \_\_\_\_\_  
*Street address or PO Box*

\_\_\_\_\_  
*City State Zip code*

Submitted by (please print): \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

**Program Director or designee Approval (obtain signature or email completed form to Director)**

\_\_\_\_\_

Budget Code Reference Number \_\_\_\_\_ Date approved \_\_\_\_\_

Director's budget notes \_\_\_\_\_

\_\_\_\_\_

**For Treasurer use only:**

Check Number \_\_\_\_\_

Date of Check \_\_\_\_\_ Amount \_\_\_\_\_

Treasurer Notes \_\_\_\_\_