

Expense Reimbursement Request

Lafayette Orchestra Association, INC
401 Reed Lane - Lexington, Kentucky 40503

- ❖ Please attach all receipts to this form before submitting for payment.
- ❖ Payment will be mailed to the address listed below.
- ❖ Thank you!

- Date: _____
- Name: _____
- Address: _____

- Email: _____

Please List- Budget Project: Store- Items Purchased:

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
	Total Requested	\$ _____

Approved by: _____, LHSO President Date: _____

For Treasurer's Use Only:

Budget Line(s) and Total Amount(s):			
Check #:	Amount:	Date:	Recorded in Register:
<input type="checkbox"/> Included In Annual Budget	Or	<input type="checkbox"/> Approved At Meeting- Date:	/ /