

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: / /	