



# SHAWNEE BAND

PARENT ASSOCIATION  
PO Box 132 MEDFORD NJ 08055

## Check Request

Date Submitted: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_

Email address: \_\_\_\_\_

Print Neatly

Describe of related expense/reimbursement. Give details indicating event -- instruments, costumes, staffing, mailings.

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

Reimbursement Distribution:

Electronic reimbursement via Venmo

Mail check to address: \_\_\_\_\_

Print Neatly

***Don't forget to attach receipts and/or invoices.***

***Expenses over \$200 or those that will exceed the budget must be approved by the SPBA Board.***

FOR TREASURER USE ONLY

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

Account: \_\_\_\_\_

Class: \_\_\_\_\_

Check Date: \_\_\_\_\_

Account: \_\_\_\_\_

Class: \_\_\_\_\_

Account: \_\_\_\_\_

Class: \_\_\_\_\_