

Somerset Friends of Music

P.O. Box 242 - Somerset, MA 02726

friendsofmusic1972@gmail.com

Reimbursement Payment Form

Today's Date: _____ Submitted By: _____ Amount: _____

Group: _____ Account to use: _____ Funding Request # _____

Event & Date (if applicable): _____

Check should be made payable to: _____

Reason for Reimbursement:

Please list the item(s) that were purchased for reimbursement. Ensure that the date of purchase and amount requested are clearly visible and circled on all receipts for which you are claiming reimbursement. Note: as a tax-exempt organization, we are not obligated to reimburse any sales tax. Upon completion, please return form to the Treasurer or President.

Requestor Signature: _____

Internal Use:

Treasurer Approval: _____

REIMBURSEMENT FORM # _____

(if over \$1,000) President Approval: _____

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Concert | <input type="checkbox"/> Jazz | <input type="checkbox"/> NESCC | <input type="checkbox"/> Fundraising: _____ |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Marching Arts | <input type="checkbox"/> Show Choir | <input type="checkbox"/> Scholarship: _____ |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Middle | <input type="checkbox"/> Strings | |
| <input type="checkbox"/> Festivals | <input type="checkbox"/> Musictown | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> NESBA | <input type="checkbox"/> Trip Disney | |

Date Paid: _____ Check# _____ Amount Paid \$ _____

Recorded Funding Form _____

Recorded QuickBooks _____