



MV Friends of Dance Expense Reimbursement Form

Name: _____

Address: _____

Phone: _____ E-mail: _____

Please list all expenses below with description of activity and date.

Attach original receipts. Receipt(s) must be for Monte Vista Dance expenses only and should not include any personal items. Unless specified, reimbursement checks will be mailed to the address listed above.

Date:	Activity/Description/Invoice Number:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Reimbursement		\$ _____

I certify that all expenses listed above were incurred for the sole benefit of Monte Vista Dance.
I am requesting to be reimbursed for these expenses.

Signature

Date

MV Friends of Dance Approvals:

President or Vice President

Date

Treasurer

Date

Check #