



JBHS INSTRUMENTAL MUSIC ASSOCIATION

- Expense request
- Reimbursement requested
- Credit my student's assessment.

Submitted by: _____

Date: _____

NOTE: Receipts must be attached and submitted within 45 days of expense.

Purpose of expense: _____

<i>Date</i>	<i>Description</i>	<i>Performance</i>	<i>Uniforms/ Costuming</i>	<i>Equip. Supplies & Repair</i>	<i>Events/ Fundraising</i>	<i>Other</i>	<i>Total</i>
Column Totals							

Subtotal	
Less cash advanced	
Total owed to you	
TOTAL DUE	

Make check payable to:

Student Name: _____

JBHS-IMA
2219 W. Olive Ave., PMB298
Burbank, CA 91506

Phone: 818.558.4777 x 7003
Email: treasurer@jbhsband.org

Signature: _____

Date: _____

Approved: _____

Date: _____

President

Approved: _____

Date: _____

Treasurer