



**Orchestra Association of Troy High School  
Expense Reimbursement Request**

**Amount:** \_\_\_\_\_  
(Receipts with my signature attached)

**Request Date:** \_\_\_\_\_

**Event:** \_\_\_\_\_  
\_\_\_\_\_

**Type of Expense:** 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Pay to the Order of:** \_\_\_\_\_

**Mail to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Note:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treasurer Use:  
Check#:  
Paid Date: