

Date Submitted: _____

Check No: _____

Date Paid: _____

Amount: _____

**Shaker Height Band Boosters
Expense Report**

(To be submitted, with receipts, to the treasurer)

Submitted By: _____

Address for Check: _____

Amount of Request: _____

Amount of Advance: _____

Purpose of Expenses: _____

Please itemize expense and include receipts:

Submit to:
Betsy Potiker
3296 Lansmere Road
Shaker Heights, OH 44122
216-224-5594
Betsypot@aol.com