

# Waco Symphony Council

## Reimbursement Form

I request payment of the enclosed invoice(s) or itemized expenses.

*Please make check payable to:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone or email: \_\_\_\_\_

Amount of Expense: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

*Mail complete form with attached receipts and/or invoices to:*

Stephanie Cooney  
WSC Treasurer  
221 Desert Sky  
McGregor, TX 76657

*Please use this space for any additional information or itemization:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **FOR TREASURER'S USE ONLY:**

Budget Category: \_\_\_\_\_

Account #: \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_