Shaker Heights Band Boosters
Expense Submission Report

Date Submitted: _____

Submitted By: _____

Address For Check Mailing:

_____

_____

Amount of Request: _____

Amount of Advance: _____
(if applicable)

Purpose of Expense (Please itemize and attach receipts):

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please Submit Expenses to:

Maria Pidcock
16628 Aldersyde Drive
513.382.6293
mlpidcock@gmail.com

For Treasurer Use:

Check Number: _____

Date Paid: _____

Amount: _____