

**Shepherd Hill Music Parents Association  
Reimbursement Request**

(All reimbursements must include documentation of expense(s) attached to this form unless approved by SHMPA board)

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

**Requested by:** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

**Amount of check:** \_\_\_\_\_

**Charge expense to:** *(example Craft Fair / Postage, CMSCF / Decorations Judge's Room, Marching Band Show / Food)*

Activity/Event	Type of Expense	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		_____

All reimbursements require approval of the President and Vice President. By signing below you are attesting that the expense is appropriate and accurate documentation is attached.

\_\_\_\_\_, President \_\_\_\_\_ Date

\_\_\_\_\_, Vice-President \_\_\_\_\_ Date

**Treasurer Use** Date Check Issued: \_\_\_\_\_ Account CF / Regular Check # \_\_\_\_\_  
Entered QB \_\_\_\_\_

**Exception to documentation approved by board vote:**

**Date** \_\_\_\_\_ **SHMPA President Signature** \_\_\_\_\_