

# HERNDON MIDDLE SCHOOL CHORAL PARENT ASSOCIATION

## Request for Reimbursement

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

Make Check Payable to: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Dollar Amount	Budget Category/ Purpose of Expense	Description of Purchase/Expense

**Total Check Request** \_\_\_\_\_

**Requestor Signature** \_\_\_\_\_

Please attach invoices or receipts.  
Mail or give completed form with receipts to:

Robert Watson, Treasurer  
HMS Choral Parents Association  
1261 Bond Street  
Herndon, VA 20170  
[rmwhome@hotmail.com](mailto:rmwhome@hotmail.com)  
571-338-8649

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For Treasurer's Use:

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Posted: \_\_\_\_\_ Treasurer's Initials: \_\_\_\_\_