

Andover Dance Team Booster Board Expense Statement

Your Name: _____
Address: _____
Phone: _____

Month: _____
Year: _____
Approved By: _____

Date	Program/Event	Expense Account	Vendor	Description (purchase location and purpose)	Amount
subtotal					\$0.00
advances to be subtracted					
TOTAL DUE					\$0.00

Please submit all expenses within 30 days of when they were incurred.
 Expenses MUST have receipts attached.
 Check will be mailed within 30 days of receiving request.

Please be aware that you will only be reimbursed for the pre-budgeted amount if receipts exceed the pre-budgeted amount.
 Any amounts not reimbursed can count as a NON_PROFIT DONATION DEDUCTION ON YOUR TAXES. Please request a receipt for
 you taxes.

Please submit form and receipts to:
 Laura Hudson, Treasurer
adtboosterboard@gmail.com subject line: ATTN: Reimbursement for LAURA
 Or mail to Laura Hudson 13960 Narcissus ST NW, Andover, MN 55304

* Print this form in landscape.
 * Please choose the PROGRAM/EVENT and EXPENSE ACCOUNT from the dropdown or if handwriting see second tab

Programs**Accounts**

Fall Rookie Breakfast	Food/Drink
Fall Yard Signs	Supplies
Fall Dance Show	Gifts
Fall Mini-Clinic	Prizes, Awards
Apparel	FireUps
Meetings	Merchandise
General & Admin	Apparel
Supplies non-specific event	Rental
Summer Camp	Office Supplies
Summer Intensives	Postage
Team Bonding Event	Decorations
Parades	Supplies
Banquet	Coaches
Winter Invetational	Other
Fall other	
Winter Other	