PETERBOROUGH NEW HORIZONS BAND Cheque Request

Name of Person or Organization to be Paid (Include address if cheque needs to be mailed):

ITEMIZED EXPENSES

(Attach originals of all receipts. Each receipt should be treated as a separate line item below.)

			DESCRIPTION OF PURCHASE	COST
RECEIPT	PURCHASED FROM	DATE OF PURCHASE	(If the purchase applies to a particular band, ensemble or grant, include this information as part of the Description)	(INCLUDING HST)
1				
2				
3				
4				
<u> </u>			ΤΟΤΑΙ	

TOTAL:

Name of Person Submitting Request:

Signature of Person Submitting Request:

Date:

10/26/15