



**Carmel High School Ovation**  
**Expense Reimbursement Request**

Please fill out all sections, attach ORIGINAL receipts and submit to the choir director for approval. The director will then submit to the treasurer for payment.

Name: \_\_\_\_\_

Cell phone of requestor: \_\_\_\_\_

Date of request: \_\_\_\_\_

Amount requested for reimbursement: \_\_\_\_\_

Description of purchase: \_\_\_\_\_  
\_\_\_\_\_

Group and/or event items are purchased for: \_\_\_\_\_

Email address if payment via zelle/Chase Quick Pay is acceptable: \_\_\_\_\_

Mailing address if prefer physical check: \_\_\_\_\_

Signature of requestor: \_\_\_\_\_

Signature of choir director: \_\_\_\_\_