

**Tampa Bay Symphony**  
**Reimbursement Request**  
(Submit individual form for each receipt)

**Please Print**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount: \_\_\_\_\_ Related Concert: Fall Winter Spring None (circle one)

Description of Expenditure:

Receipts are required for all submissions and must accompany this form. Requests without an attached receipt may cause a delay in payment and/or decline of the request.

I certify that this expense was incurred as a result of personal activity related to the Tampa Bay Symphony. I also certify that this expense has not been previously reimbursed to me or any other party.

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

Forms may be mailed to:  
Tampa Bay Symphony  
Attn: Treasurer  
P.O. Box 4653  
Clearwater, Florida 33758

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Office Use Only

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

Check # \_\_\_\_\_