

# REQUEST FOR REIMBURSEMENT FORM

MIDLAND-ODESSA SYMPHONY & CHORALE, INC.  
 ODESSA SMPHONY GUILD  
 TAX ID# 75-1301544

EVENT/LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

\*COPIES OF ALL RELEVANT CONTRACTS AND TICKETS MUST BE ATTACHED

<b>OSG MEMBER REQUESTING PAYMENT:</b>	
NAME	PHONE
ADDRESS	ZIP
SIGNATURE	
APPROVAL-COMMITTEE CHAIR SIGNATURE:	

<b>PAYMENT TO: (IF OTHER THAN MEMBER NAMED ABOVE)</b>	
NAME	PHONE
ADDRESS	ZIP

ITEMS	BUDGET AREA	AMOUNT
<b>TOTAL</b>		

TREASURER'S USE ONLY:

OSG CHECK NO.      -----

DATE OF CHECK      -----

AMOUNT OF CHECK    -----

OTHER -----  
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