

CHS Band Boosters Payment Authorization/Request for Reimbursement Form Reimbursement Policy

Under \$150, approved by simple majority of the Band Boosters via e-mail in accordance with budget and then paid within 15 days.
 Over \$150, approved by simple majority at next Band Boosters meeting in accordance with budget and then paid within 15 days.
 Receipts and completed Payment Authorization Form due to the Treasurer no later than 30 days from the expenditure date.
 Receipts for the end of the school year are due prior to the end of the fiscal year, June 30th.

Date:	_____		
Requestor:	_____	Phone:	_____
Booster Position: (if applicable)	_____	E-mail:	_____
<input type="checkbox"/> Invoice Attached		<input type="checkbox"/> Receipts Attached	

Purchases and/or Services Provided:				
Date	Event/Assignment & Item Description	Amount Requested	Date Approved in the Minutes or Via E-mail	
1				
2				
3				
4				
5				
6				
Total Requested Amount: _____				
Please list all receipts separately. For Services provided, please include the number of hours or time period.				

Write Check/Send Check to:	Date Check Due:
Name of Person/Company: _____	Phone: _____
Address: _____	E-mail: _____

President's Signature _____	Date: _____
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Additional Band Booster Officers' Signature/Position Held (Please PRINT)	Date
1 _____	_____
2 _____	_____

Treasurer's Signature _____	Date: _____
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Fill out the form with the appropriate information.
 Submit completed form to the Band Boosters Treasurer by leaving this form and the receipts/invoices in the locked Band Boosters Redbox.
 Please keep a copy of this form and the associated receipts/invoices for your reference. **Thanks for your help!**

For Booster Treasurer and Assistant Treasurer Use:			
Budget Category:	Budgeted Amount:	Check #:	Amount of Check: