

Highland Band Boosters



Reimbursement Request

YOUR NAME:		PHONE:			
PROJECT/CATEGORY (Uniform Room, Hospitality, Instruments):					
DATE SUBMITTED:		AMOUNT:			
		\$			
REASON FOR REIMBURSEMENT:					
<input type="radio"/>	INCLUDED IN ANNUAL BUDGET	or	<input type="radio"/>	APPROVED AT MEETING DATE:	
CHECK PAYABLE TO:					
FULL ADDRESS (if your check needs to be mailed):					

Receipt(s) totaling the amount of reimbursement must be included.

APPROVED BY (BOOSTER OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Check # _____ Date _____