

HIGHLAND CHOIR BOOSTERS REIMBURSEMENT/CHECK REQUEST

Check One: Personal Reimbursement Bill/Invoice Debit Card

Account: High School Middle School Added Attraction HCTA

Requestor Name: _____ Phone: _____

Make Check Payable To: _____

Purpose: _____ Amount: _____

REIMBURSEMENT/ CHECK REQUESTS WILL BE PROCESSED THE 15TH OF EACH MONTH AND AT THE MONTHLY BOOSTERS MEETING

If reimbursement request, please attach the receipt totaling the amount requested.
If a check is being requested, please attach the bill/ invoice to this form and payment
will be mailed or delivered to school.

Date Submitted: _____ Due Date: _____

Approved by Booster Officer: _____ Date: _____

For Treasurer's Use Only:

Account: HS MS AA HCTA Ck #: _____ Date: _____