



Spring Grove Music Boosters
PO Box 72
Spring Grove, PA 17362
sgmb.communications@gmail.com

***Instructions for Student Account Transfers,
Student Account Reimbursements,
Requests for Reimbursements and
Bills to be Paid***

- ❖ Print legibly ... our inability to read requests may delay transactions
- ❖ Be sure to indicate the type of request by checking one of the boxes at the top
- ❖ All requests MUST be accompanied by receipt(s) and/or cancelled check(s)
- ❖ Retain a copy of this form and receipt for your records
- ❖ You may scan this form as well as the supporting documents and email to:
 - ○ ***treasurersgmb@gmail.com***
- ❖ Or return completed form (with supporting documents) to:
 - ○ Spring Grove Music Boosters mailbox in any of the school's main offices

OR

- ○ Mail to Spring Grove Music Boosters, PO Box 72, Spring Grove, PA 17362

Other Notes / Timeline

- ★ Additional copies of this form can be found on the "Printable Forms" page at www.sgmusicboosters.org
- ★ Student Account Balances will be provided to each director at the monthly membership meetings. However, you can also contact Theresa Kramer at ***sgmbstudentaccts@gmail.com*** at any time to request your student's balance.
- ★ Not all sections of the form may be applicable to your request. However, all requests MUST have the "Purpose/Description" section filled out and all forms must be signed.
- ★ All request forms must be submitted by **June 10th** of the given year.
- ★ **All checks must be cleared by the end of the fiscal year, June 30.**



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Student Account Reimbursement	<input type="checkbox"/>	Student Account Transfer	<input type="checkbox"/>	Request For Reimbursement	<input type="checkbox"/>	Invoice/Bill To Be Paid	<input type="checkbox"/>
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(please read the previous instruction page!)

Your Name:	Phone:
Student's Name:	Grade:
Your E-mail:	
Address:	*If requesting account transfer: Amount: _____

****Requesting Reimbursement****

Payable to: _____	Total Amount: _____
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****Individualized receipt(s) totaling the amount of reimbursement must be attached****

Store:	Amount:

****Request for Payment of bill/invoice (bill/invoice must be attached)****

Check Payable to: _____	Amount:
Mail to:	Budget Line:

****Purpose/Description Must be filled out for ALL Requests!!****

Purpose/Description:	
Signature: _____	Date: _____

****Do Not Write Below This Line****

Treasurer Use:		Verification with Accounts Manager:
Request Received:	Delivery Date:	Starting Balance:
Budget Line:	Method of Delivery:	Request Amount:
Check Number:		Ending Balance:
Check Date:		Date Verified: