Instructions for Student Account Transfers and Student Account Reimbursements

Student Account Transfer - funds to be transferred from your student account to cover the cost of a music related trip, submitted with field trip permission form.

Student Account Reimbursement - funds are reimbursed from your student account for a purchase made that qualifies use of student account funds (yearbook, cap/gown, music lessons, instrument repairs, AP test fees, etc.).

- ❖ All reimbursement requests MUST be accompanied by receipt(s) and/or canceled check(s)
- ❖ The date on receipt/check must be in the same fiscal year as the request being made (July 1 - June 30)
- ❖ 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
- ❖ Retain a copy of this form and receipt for your records
- ❖ ***For Transfers:*** Submit transfer requests for trips to the director with trip paperwork/additional payments
- ❖ ***For Reimbursements:*** You may scan this form as well as the supporting documents and email to: ***sgmbstudentaccts1@gmail.com***. You may also submit 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 periodically throughout the year. However, you can also contact the student account coordinator at ***sgmbstudentaccts1@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 5th** of the given year.
- ★ ***All checks must be cleared by the end of the fiscal year, June 30***.

Spring Grove Music Boosters

Student Account Reimbursement ☐ Student Account Transfer ☐

(please read the previous instruction page!)

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

***** Only fill out this following section if requesting a reimbursement*****

Payable to: _____	**Total Amount: _____**

*****Individualized receipt(s) totaling the amount of reimbursement must be attached*****

Store:	Amount:

*****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:
Date sent to Bookkeeper:		Ending Balance:
Check Number:		Date Verified:
Check Date:		Sent to Treasurer: