

PAYMENT AUTHORIZATION/ REQUEST FOR REIMBURSEMENT

Kingsburg High School Music Boosters
1900 18th Avenue | Kingsburg, CA 93631
www.kingsburgmusic.org

YOUR NAME:	PHONE:
BAND GROUP:	CHOIR GROUP:
EVENT/CATEGORY:	
DATE SUBMITTED:	DATE MAILED:
ITEMS FOR THIS PAYMENT:	
INCLUDED IN ANNUAL BUDGET or APPROVED AT MEETING (DATE: / /)	
CHECK PAYABLE TO:	AMOUNT: \$
FULL ADDRESS: (Your check may be mailed to you.)	

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

For Treasurer's Use Only:

Category _____ Check # _____ Date _____

Quickbooks Logged _____ Charms Logged _____