

EHS Band Boosters Association
Reimbursement Form

Submitted By _____

Request Date _____

Booster Position _____

Phone Number _____

Pay To _____

Address _____

Phone # _____

Check Is Needed: _____ As Soon as Possible Or By _____ (Date)

_____ Please Mail to Address Above _____ Give To Requester

Other _____

<u>Committee/Event</u>	<u>Description (Attach Receipts)</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Requested \$ _____

Please give completed form with original receipts to Treasurer for approval and processing.

President

Secretary