

Explorer Music Boosters

Request for Reimbursement

Please attach receipts or invoices to this form and place completed form in Music Booster mailbox.

No reimbursement can be given without receipts attached.

Date of Request: _____ Amount Requested: _____

Committee, Event or Project: _____

Briefly describe the items or services for which you are seeking reimbursement:

Requested by: _____ Signature: _____

We will mail a check to you. *Neatly print* your mailing address, including ZIP:

Mailing address: _____

In case we have questions about your request, please provide your phone number(s):

Phone(s): _____

Questions or problems?

Please contact Music Booster Treasurer Richard Caldwell at rhcfutes@gmail.com .



Approved by: _____ Approved by: _____

<u>FOR TREASURER'S USE</u>	
Date Check Issued:	_____
Reimbursement Made To:	_____
Check Number:	_____ Amount: _____
Budget Line Item:	_____