

| |
|---|
| Paid with check #: _____ Date: _____ |
|---|

Santa Cruz High School Band Boosters

Reimbursement/Check Request Form
 Submit within 2 weeks of expense

Date: _____ Requested By: _____

List Expenses (Attach all receipts or invoices for listed expenses):

| Date (on receipt) | Vendor/Description/Purpose | Amount |
|----------------------|----------------------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Total: \$ _____

| |
|--|
| Make check payable to: Name: _____ Address: _____ _____ Other: _____ |
|--|

Goods/Services listed above were received as a donation to the Santa Cruz High School Music Department.

Director Signature: _____

Signature Above Required Before Reimbursement

| Allocation Budget Account | Amount |
|------------------------------|--------|
| | \$ |
| | \$ |
| | \$ |