

Paid with check #: _____ Date: _____
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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: _____
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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
	\$
	\$
	\$