

## SHS Band & Color Guard Reimbursement Request

CHECK WILL BE MADE OUT TO THE NAME BELOW.

Pay To: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Itemize Receipts

Receipt Date <i>(MM/DD/YY)</i>	Expense Description <i>(Postage, Food, etc)</i>	Budget Category <i>(Spirit, awards, etc)</i>	Vendor/Merchant <i>( Home Depot, etc)</i>	Amount <i>(Receipt \$\$)</i>

Total Amount Requested: \_\_\_\_\_

*I agree that all expenses submitted on this claim are for Saugus HS Band & Color Guard Booster Club purposes only.*

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to the Treasurer, Booster President, or Band Director.

Expenditures over \$100.00 must be approved by Booster President

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Check No: \_\_\_\_\_ Check Total: \_\_\_\_\_ Check Date: \_\_\_\_\_

Hand Delivered \_\_\_\_\_ Mailed \_\_\_\_\_

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