



Reimbursement Request

MHS Band Backers

Please complete this form, attach receipts, and submit to the Treasurer.

YOUR NAME:	PHONE:
PROJECT/EVENT:	DATE SUBMITTED: / /
REASON FOR REIMBURSEMENT:	
CHECK PAYABLE TO:	AMOUNT:

Receipt(s) totaling the amount of reimbursement must be attached. Use this space to give a basic description of itemized purchases and their individual totals. (i.e. what was purchased, how many of each, and total cost of that item or category)

APPROVED BY TREASURER:	DATE: / /
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For Treasurer's Use Only:

Category _____ Check # _____ Date _____