HHS MUSIC BOOSTERS REIMBURSEMENT REQUEST

DATE: _____

PAY TO: _____

ADDRESS: _____

_____

PHONE: _____

E-MAIL: _____

Describe the expense(s) briefly. Attach all receipts to this sheet. List the activity or group it relates to (concessions, materials, uniforms, competitions, winter percussion/guard, choir). Please refer to the Reimbursement Policy at www.homesteadband.org/music-boosters for guidelines.

	Activity/Group	Amount

Check#: _____
Check Date: _____
Amount: _____

Sales Tax:

Total Reimbursement Requested: _____

REQUESTOR'S SIGNATURE: _____

AUTHORIZED APPROVAL: _____
Secretary

AUTHORIZED APPROVAL: _____
President or Vice President

This form should be submitted to:
Marites Smith, HHS Music Boosters Treasurer
[Preferred] Email maritessmith31@gmail.com OR
1086 Yorktown Dr., Sunnyvale, CA 94087