



**SEVEN LAKES HIGH SCHOOL BAND BOOSTERS, INC.
CHECK REQUEST/EXPENSE REIMBURSEMENT**

DISBURSE FUNDS TO: _____
 ADDRESS: _____
 CITY, ST ZIP: _____

DATE: _____

() Return to requestor () Mail to address above

The Band Boosters retain the right to not reimburse you for expenses without a receipt.

DATE	PLACE OF PURCHASE/DESCRIPTION	BUDGET CLASS: Marching, Concert, Jazz, FG, WG, General	BUDGET CATEGORY	AMOUNT

Director Approval (If required)	Total
Total Sales Tax included with this reimbursement	

*** Two Board members are required to approve and sign checks. If a board member is the requesting party, he/she cannot act as the approver or check signer. Band President has signing authority over all band expenses. Requests of \$2000 (or more) and all initial independent contractor agreements require Band President approval.

IMPORTANT - ATTACH ORIGINAL INVOICE OR RECEIPT

Requestor Signature	Approval 1 Signature
Requestor - Print Name	Approval 2 Signature

FOR ACCOUNTING ONLY:		
Date Received _____	Check amt _____	Budget authorized _____
Date Paid _____	Check No. _____	Date recorded _____