



# Seven Lakes High School

## Band Boosters, Inc.

### Check Request/Expense Reimbursement

Disburse Funds to: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, ST ZIP: \_\_\_\_\_

Return to Requestor:

Mail to Address Above:

The Band Boosters retain the right to not reimburse you for expenses without a receipt or if not approved before purchased.

Date	Place of Purchase - Description	Event - Budget Class (Marching Band, Concert, Jazz, FG, WG, General)	Budget Category (Internal Use Only)	Amount
Band 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 an approver or check signer. Band Booster President has signing authority over all band expenses. Requests of \$2000 (or more) and all initial contractor agreements require Band Booster President approval.

**<< IMPORTANT: You must attach Original Invoice, Shipping Label and/or Receipt >>**

Requestor Name: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Approver 1 Name: \_\_\_\_\_

Approver 1 Signature: \_\_\_\_\_

Approver 2 Name: \_\_\_\_\_

Approver 2 Signature: \_\_\_\_\_

Band Booster President: Stephanie Click

Signature: (If Required) \_\_\_\_\_

#### For Accounting Only:

Date Received: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Budget Authorized: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date Recorded: \_\_\_\_\_