



SEVEN LAKES HIGH SCHOOL BAND BOOSTERS, INC.

CHECK REQUEST/EXPENSE REIMBURSEMENT

DISBURSE FUNDS TO: _____

DATE: _____

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.

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 _____	