To be completed by Treasurer:
Check No. _____
Amount _____
Date Received _____
Date Paid _____

Clear Springs High School Band Booster
Request for Reimbursement

Check Payable to:_____
If being mailed:
Street Address:_____
City, State, ZIP Code:_____

Submitted by:_____
Committee Chairman:_____
Treasurer:_____

Committee Account to be Debited:_____

Explanation:_____

_____

_____

Date	Place of Purchase	Amount
	Total	$ -

Please attach the receipts listed above to the back of this form.

rev. 7/2007