PHS Band Boosters
Reimbursement Form

Name_____

Date _____

Purpose : _____

Booster Pre-approval : Yes / No Date of approval :_____

*board purchases totalling over $100/month must be approved by the Booster Membership

Date	Merchant/Store	Description	Amount
		Subtotal	
		Less Advances	
		TOTAL REQUESTED	

OFFICIAL USE ONLY :

Signature of check received : _____

Approval by : _____ Reimbursement by : _____

Date of Reimbursement : _____ Check number : _____