

Check #: \_\_\_\_\_

## PHS Band Booster DISBURSEMENT/REIMBURSEMENT FORM

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check requester: \_\_\_\_\_ Date: \_\_\_\_\_

Account to Debit: \_\_\_\_\_ Invoice #: \_\_\_\_\_

(If disbursement is for more than one account, please specify the account and the amount for each account below.)

\_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

Item	Place of Purchase	Amount
<b>Total:</b>		<b>\$</b>

Notes:  
\_\_\_\_\_

### Approval Signatures

**Band President:**  
\_\_\_\_\_

**Band Treasurer:**  
\_\_\_\_\_

**Band Director:**  
\_\_\_\_\_

Check requestor's Signature: \_\_\_\_\_

**Please Attach receipt(s)**