

**St. Petersburg High School Band Boosters
Expense Reimbursement / Check Request**

Request date _____

Requested by: _____
(print name)

Purpose or Account to be charged: _____

Board member authorization: _____
(signature required)

Make check payable to: _____

Check amount: \$ _____

- Invoice or Receipts attached for documentation
- Invoice or Receipts not available. *Provide explanation:*

Instructions for Check Delivery: *(Please check one)*

- Return check to requestor. *Additional instructions, if necessary:*

- Mail Check to *(full address):*

Add other comments, instructions, etc.

Treasurer Only

Date Paid:

Check #

Amount: \$