

South Lakes HS Band Boosters
Request for Disbursement/Reimbursement

Please use this form to request reimbursement for payments made on behalf of SLHS Band Boosters, or payment to a vendor from SLHS Band Boosters. Secure advance authorization in accordance with policy. Attach receipts/quote and submit form to SLHS Band Booster Treasurer. Reimbursement must be requested within 30 days of expenditure; advance payment must be requested at least 7 days prior to date needed.

Requestor Name:

Request Date: Date Needed:

Event/Program:

Budget Category:

Approval Signature:

Description:

Amount:

Make check payable to:

Name:

Delivery Instructions:

Mailing Address:

(if applicable)

Please attach receipts

Treasurer use only
PAID
Date: _____
Check no: _____
Amount: _____