



Reimbursement Request

Request Made By:

Name: _____

Address: _____

Phone: _____

AMOUNT	DATE	PURPOSE/USE	BUDGET TO BE CHARGED	Booster Use Only	
				CHG ACCT	APPROVAL

Total Reimbursement Request: _____

Reimbursement Directions (i.e. mail check, credit student account, etc.)

Deliver to Board President or Financial Administrator through the Band Fundraising Box located in the Band Room or mail to EHS Band & Colorguard Boosters, PO Box 87098, Vancouver, WA 98687. All requests must be received within 30 days of receipt date.