

**WALTER L. SICKLES HIGH SCHOOL
WALL OF SOUND BAND BOOSTERS
REQUEST FOR PAYMENT/EXPENSE REIMBURSEMENT**

Instructions: Please complete all information requested on the form and attach original invoices, receipts. Form must be signed by the person requesting payment and a Committee Chair or Executive Band Board member to be considered for payment. Place completed form and documentation in the Collection Box in Band Director's office.

| | |
|----------------------|--|
| Today's Date: | |
| Requestor Name: | |
| Event or Program: | |
| Pay to the Order of: | |
| Amount: | |

Description of reimbursement: _____

How would you like your check?

- Returned to Mr. Griffis
- At next Band Booster meeting
- By mail

Address: _____

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- I have attached the receipts to support my reimbursement/check request and have verified that this amount is within the budgeted expense amount for this event.

 Your signature

 Band Committee Chair or Board signature

 For Treasurer's Use Only:

Date Paid _____

Entered in Charms (if applicable) _____

Check # _____

Entered in QuickBooks _____

Amount _____

Verification _____