TJHSST Band Boosters, Inc.
Disbursement/Reimbursement Request

_____ _____ _____

Name Phone E-mail

Make check payable to: _____

Due date (if applicable): _____

Mail to: _____

Budget Area (Curricular Band, Marching Band, WG/DL, Administrative, Specific Fundraiser, etc.)	**Description of items or services purchased or ordered**	**Amount**
	Total Amount Requested	

*** Requests for reimbursement must be submitted within 30 days.
Please attach all invoices/receipts.***

Deliver form and attachments to:

Kristin Young, Disbursement Treasurer
2528 Key Boulevard
Arlington, VA 22201

Phone: (703) 516-0587 E-mail: disb_treasurer@tjbands.org

For Treasurer use only

Check #: _____ Date: _____ Mailed____ Hand-delivered____ Entered _____

Recipient Signature: _____ Date Received: _____