

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:

Heidi Gardner, Disbursement Treasurer
109 Forest Ridge Drive
Sterling, VA 20164

Cell phone: 571-236-0103

E-mail: disb_treasurer@tjbands.org

For treasurer use only

Check #: _____ Date: _____ Mailed ___ Hand-delivered ___ Entered _____

Recipient Signature: _____ Date Received: _____