

**TJHSST Band Boosters, Inc.**  
**Disbursement/Reimbursement Request**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(E-mail)

**Make check payable to:** \_\_\_\_\_

**Due date (if applicable):** \_\_\_\_\_

**Mail to:** \_\_\_\_\_

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

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

**Deliver form and attachments to:**

Chandrika Mavram, Disbursement Treasurer  
2044 Great Falls St  
Falls Church, VA 22043

E-mail: [disb\\_treasurer@tjbands.org](mailto:disb_treasurer@tjbands.org)

\_\_\_\_\_  
*For treasurer use only*

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Mailed \_\_\_ Hand-delivered \_\_\_ Entered \_\_\_\_\_

Recipient Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_