

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:

Amelia Su, Disbursement Treasurer
6560, Braddock Rd,
Alexandria, Va, 22312

E-mail: disb_treasurer@tjbands.org

For treasurer use only

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

Recipient Signature: _____ Date Received: _____