



# Harrison Band Boosters Reimbursement Submittal

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

Check here to have check mailed to the address above, otherwise if you are on the HHBB Board your check will be placed in the black filing box in the copy room.

REASON FOR REIMBURSEMENT:

\_\_\_\_\_  
\_\_\_\_\_

**RECEIPT NOTES:**

- Submit within 30 days of purchase
- Must be taped to 8 ½ X 11 paper
- If item needed pre-approval from Board, attach signed approval
- List items to be reimbursed below

Item Description	Account to Charge	Expense Amount

Total Amount of Reimbursement \$ \_\_\_\_\_