



Reimbursement/Check Request Form

RECEIPTS MUST BE ATTACHED

Date: _____ Check Amount: _____

Requested by: _____

Make Check Payable to: _____

Address if to be mailed: _____

Funds Spent for: _____

Budget__ Instrumentalists __ Color Guard__ Marionettes _

- | | | |
|--------------------------|-----------------------------|-------------------------------|
| _____ Summer Instruction | _____ Band Camp Instruction | _____ School Year Instruction |
| _____ Band Camp | _____ C/W Guard Instruction | _____ Marionette Instruction |
| _____ Board Expenses | _____ Fund-raising | _____ Concession |
| _____ Marching Season | _____ Water | _____ Truck Rental |
| _____ Concert Season | _____ FBA District | _____ FBA State |
| _____ Other | | |

Date: _____ Check No. _____ Check Amount _____

Approved By: _____ Board Position _____

Signature

Mailed or Distributed to: _____

(circle one)