

**SOUTH COUNTY SECONDARY SCHOOL BAND BOOSTERS
PAYMENT OR REIMBURSEMENT REQUEST**

(Circle ONE: MS Band HS Band Marching Band Winter Guard Drumline Jazz Band)

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Date of Request : _____ Date of Check : _____

Payable to : _____

Amount : _____

Description of Expense : _____

Check Number : _____

Budget Category : _____

Requested by : _____ Telephone Number : _____

Title : _____

Signature : _____

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APPROVAL SIGNATURES

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Booster Officer : _____ Date Approved : _____

Coordinator : _____ Date Approved : _____

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TREASURER'S USE ONLY:

Receipt Attached : _____ Date Paid : _____

Budget Category Charged : _____

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NOTE: If an invoice is being paid, please attach the original invoice AND a copy of invoice to be mailed with the check to the vendor. THANK YOU!