



HBBA REIMBURSEMENT REQUEST

Name:

Date:

Street Address:

City, State, Zip:

Students Name:

MB CB CG
 Please indicate whether this expense is for
 Marching Band, Concert Bands, or Color Guard

<u>Expense Category</u>	<u>Expense Amount</u>	<u>Description</u>
Food / Meals	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>
Fuel / Truck Rental	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>
Office Supplies	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>
Equipment / Supplies	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>
Postage	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>
Other	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 520px; height: 20px;" type="text"/>
Total	\$ <input style="width: 100px; height: 20px;" type="text"/>	

Signature: _____ Approved: _____

Check Total \$ _____ Check Number _____ Date _____ Issuer: _____

Please note: All receipts must be attached to this form. Expenditures over \$100.00 must be approved by an HBBA President, Treasurer, or a Band Director. Checks will be issued within two weeks from date received and returned by Mail