



Hillgrove Band Boosters Association REIMBURSEMENT REQUEST

NAME:

ADDRESS:

CITY, STATE, ZIP:

STUDENT NAME: DATE:

EXPENSE GROUP

Marching Band Concert Band
 Color Guard Winter Guard
 Administrative
 Other _____

EXPENSE CATEGORY	EXPENSE AMOUNT	DESCRIPTION
Food/Meals	\$ _____	_____
Fuel/Truck Rental	\$ _____	_____
Office Supplies/Postage	\$ _____	_____
Equipment/Supplies	\$ _____	_____
Other	\$ _____	_____
TOTAL	\$ _____	

Signature: _____

Approved by: _____

Check Total \$ _____

Check # _____

Date _____

Issued by _____

****Please note: All receipts MUST be attached to this form. Any expenses over \$100 must be approved by the HBBA President or Band Director. Checks will be issued within 2 weeks from date received.**