Bellevue High School Band Boosters

Request for Reimbursement

Activity or Event: _____

Reason for Purchase: _____

Description	Quantity	Where Purchased	Cost
		TOTAL	

Pay to: _____ **Phone:** _____

Address: _____

Date of Request: _____

Please attach original invoice, contract, or receipts. All receipts smaller than 8 1/2 by 11 should be taped to the back.

For Treasurer's Use:

Date Paid: _____ **Check #** _____ **Amount:** _____