

EMHS BAND BOOSTERS  
REIMBURSEMENT REQUEST

Date Submitted

Budget Area (Use separate form for each area)

Event or Activity

Expense Date

Expense Description

Expense Amount:

Donation in Lieu of Reimbursement YES NO

Reimbursement Request for: Vendor Individual

Make Check Payable to: NAME:  
ADDRESS:

Mail to Vendor Return to Requestor

If there are questions regarding this reimbursment, I can be contacted by  
Phone: E-Mail:

\*\*Receipts required, please attach and show your calculation of amount requested to be reimbursed. Treasurer will verify total.\*\*

Name:

[Click Here to  
E-Mail Form](#)

Signature:

(If you are unable to use the digital signature feature, please print the form to sign before submitting)

\*\*\*\*\*TREASURER USE ONLY\*\*\*\*\*

Date Paid: Check #:

BUDGET ITEM CHARGED

Approval:

Approval:

This form should be used for all requests for reimbursement of authorized expenses for EMHS BOOSTERS.

Give this form to Kerrie Adler, Treasurer. Reimbursement checks will be mailed to the  
Booster Club member at the home address you provide above or the Treasurer will contact you to pick up.

**NOTE: Booster Club officers must approve all expenditures made on behalf of the Booster Club**

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**Cash Deposits to Treasurer:** Description

**Event:**

**Coins \$**

.....X .....=  
.....X .....=  
.....X .....=  
.....X .....=  
.....X .....=

**Total Cash to Treasurer:**

**Date:** .....

**Signature 1**

**Signature 2**