

MCHS BAND & GUARD BOOSTERS EXPENSE REIMBURSEMENT FORM



Minooka Community High School
301 South Wabena Avenue
Minooka, IL 60447
815.467.2140 ext. 266

PAYABLE TO:

Name: _____ Date _____
 Address: _____ Submitted: _____
 City/State/Zip: _____ Telephone: _____

Original receipts MUST be attached to receive reimbursement.

PURCHASED FROM	DESCRIPTION/REASON FOR PURCHASE	DATE	AMOUNT
			TOTAL

Check one below:

- Issue reimbursement to name and address listed above
- Deposit reimbursement in student account Student's name _____
Reimbursements deposited in student accounts are subject to forfeiture upon graduation or departure from band or guard.

SIGNATURE AUTHORIZATION

Purchaser **Date**

Booster Officer **Position** **Date**

Booster Officer **Position** **Date**

FOR BAND & GUARD BOOSTER USE		
Date	Check #	Amount