

Date Paid: _____

Ck # : _____

Initials: _____

Reimbursement/Check Request Form Pleasant Grove High Band Booster

Expense Amount: _____ Date: _____

Submitted by: _____

Make Check Payable to: _____

Mail check to: _____

Description: _____

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For Administration use only:

Fund to be drawn from: General Fund Student Account
 Winter Percussion Color Guard
 Fundraiser event: _____

Other _____

Signature by: _____

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Special Notes: _____

- ❖ Receipts must accompany all check requests, unless special arrangements have been made to pre-pay and then an invoice is required.
- ❖ Please allow at least 7 days for processing.