

Clayton Valley Music Boosters
CHECK REQUEST

Instructions: Fill out this form completely. Please attach receipt(s) with items for reimbursement circled. Give completed form with receipts (originals preferred) to Music Boosters President for approval.

Date: _____

Name: _____

Amount: \$_____

Reason for reimbursement (if more than one event, please attach list with breakdown by event): _____

Make Check Payable to: _____

Signature: _____

For Music Boosters Use Only:

Charge expense to:
Budget line item(s) and amount(s):

Approved by:

Signature of Music Booster President

Date: _____

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