Legacy High School Band Boosters
Request for Reimbursement

Name:_____ Date: _____

Committee:_____

Purpose/Budget Line:_____

Total to reimburse:_____ Attach receipts please.

Write check To:_____

----------Band Booster Use Only----------

Received by: _____ Date: _____

Circle one: Approved Denied Date: _____

If approved, check #_____ -or- Expense credited: _____

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