

**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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