

HHS MUSIC BOOSTERS REIMBURSEMENT REQUEST



DATE: \_\_\_\_\_

PAY TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Describe the expense(s) briefly. Attach all receipts to this sheet. List the activity or group it relates to (concessions, materials, uniforms, competitions, winter percussion/guard, choir). Please refer to Reimbursement Policy at <http://www.homestead-music.org/forms> for guidelines.

	Activity/ Group	Amount

Check#: _____
Check Date: _____
Amount: _____

Sales Tax:

Total Reimbursement Requested: \$

REQUESTOR'S SIGNATURE: \_\_\_\_\_

AUTHORIZED APPROVAL: \_\_\_\_\_  
*Secretary*

AUTHORIZED APPROVAL: \_\_\_\_\_  
*President or Vice President*

*This form should be submitted to:*  
*Marites Smith*  
*HHS Music Boosters Treasurer*  
*1086 Yorktown Drive, Sunnyvale, CA 94087*  
[maritessmith31@gmail.com](mailto:maritessmith31@gmail.com)