

HARRISON HIGH BAND BOOSTERS REIMBURSEMENT SUBMITTAL

Date _____

Name: _____

Address: _____

Phone: _____

- o Check here to have check mailed to the address above, otherwise if you are on the HHBB Board your check will be placed in the black filing box in the copy room.

Reason for Reimbursement:

Receipts Notes:

1. Submit within 30 days of purchase
2. Must be taped to full sheet 8 ½ X 11
3. If item needed pre-approval from Board, attach signed approval
4. List items to be reimbursed in table below

Item Description	Account to Charge	Expense Amount

Total Amount of Reimbursement \$ _____

Total Amount to Credit to Student Account \$ _____