

**REIMBURSEMENT/PAYMENT
REQUEST FORM**

PICKERINGTON NORTH
MUSIC BOOSTERS - Band

Please attach copies of all receipts for reimbursement or invoice for payment.

Your Name: _____ Phone #: _____ Date: _____

If Check to be mailed to you, Address: _____

Name of Account to be Charged: _____

Make Check Payable to: _____

<u>Description of items requesting payment for:</u>	<u>Total Cost</u>
_____	_____
_____	_____
_____	_____

TOTAL _____

Director's and/or
Committee Chair's Signature: _____ Date: _____

Please keep a copy of this form and the receipts to place in your committee folder.

Band Treasurer: Check # _____ Date Paid: _____

From _____ Account

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