



IHS Music Boosters Request for Payment or Reimbursement of Expenses

Date Paid	Description of Item or Service & Event or Use	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount Requested		\$

Note: Please fill out this form completely and attach an itemized receipt or invoice. Incomplete requests may be returned and will delay payment.

Date of Request: _____

Make check Payable to: _____

Street Address: _____

City, State and Zip: _____

Requester Signature: _____

Requester Phone Number(s): _____

Note: Please mail or deliver completed request to IHS MB Treasure, *with receipts attached or scanned*.
Inglemoor High School Music Boosters ♦ PO Box 82812 ♦ Kenmore, WA 98028-0812
 e-mail: InglemoorMusicBoosters@gmail.com

For Treasurer Use:
Date Received _____
Approved for Payment by: _____
Authorized Signature

Date Paid:	Check Number:	Amount:
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For IHS-MB Treasurer use only