

The Inglemoor High School Music Boosters Request for Payment or Reimbursement of Expenses

Date Paid	D	escription of Item o	r Servicer & Event o	rllse	Amount
Date Faid		escription of item o	Jervicer & Event of		
					\$
					\$
					\$
					\$
					\$
				!	\$
Total Amount Requested					\$
Date of Request					
Make Check Payable to					
Street Address					
City, State, and Zip					
Requester Phone Number					
Requester Signature					
Please fill out this form completely and attach an itemized receipt or invoice within two months of paid date. Incomplete requests may be returned and may delay payment. Please mail, e-mail, or delive completed form to the IHS Music Booster Treasurer, with receipts attached or scanned. Inglemoor High School Music Boosters ◆ PO Box 82812 Kenmore, WA ◆ 98208-0812 ihmbtreasurer@gmail.com					
For Treasurer Use					
Date Received					
Approved for Payment by					
Date Paid					
Check Number					
Amount					
Delivery Method			□ Mail	□ Hand Deliv	er