

BRENTWOOD HIGH SCHOOL BAND BOOSTERS

CAFÉ PAYMENT REQUEST

Student: _____	Date: _____
Purpose of payment: _____ _____	
Payable to: _____ (please print)	Amount: \$ _____
<input type="checkbox"/> Reimbursement requested (receipt /cancelled check)	
<input type="checkbox"/> Payment requested (attach invoice/bill)	
Approved by board President: X _____	Date _____
Approved by board member: X _____	Date _____

Note: To expedite payment please scan an email completed form and receipts to BHSbandfairshare@gmail.com

or

Please enclose/attach **RECEIPTS** to this form.
Either drop in the blue box or mail to:

Linda Webb
5105 Victoria Cove
Brentwood, TN 37027

FOR BOOKKEEPING PURPOSES ONLY :	
CAFÉ Money Available	Date: _____
At time of request \$ _____	Check number: _____
	Charged student F/S account: _____