

**BRENTWOOD HIGH SCHOOL BAND BOOSTERS
EXPENSE REIMBURSEMENT REQUEST**

Name: _____	Date: _____
Purpose of expense: _____ _____	
Amount of reimbursement requested (please attach receipts): _____	
Approved by committee chair: <input checked="" type="checkbox"/> _____ - Signature and what committee - (marching band, camp meals, hospitality, etc.)	
Form of reimbursement: Check: _____ Apply to student account: _____	
Name of student if applying to account: _____	

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 :
Date: _____
Check number: _____
Applied to student account: _____