

IHS MUSIC BOOSTERS Advance Request/Reimbursement Form

Activity / Event _____

Date of Event _____

Chairperson _____

Advance Requested: \$ _____

Cash / Check # _____

PURPOSE: _____

EXPENSES TO BE REIMBURSED:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSES TO BE REIMBURSED:

TOTAL \$ _____

Any expenses recovered from advances requested?

YES / NO

AMOUNT: \$ _____

*****TREASURER TO COMPLETE*****

Check # _____ Amount: \$ _____ Date: _____

Paid to _____

Check # _____ Amount: \$ _____ Date: _____

Paid to _____

Check # _____ Amount: \$ _____ Date: _____

Paid to _____