

# FHC BAND BOOSTERS EXPENSE REIMBURSEMENT REQUEST FORM

Revised July 22, 2009

Please use this form for all requests for reimbursement for expenses related to FHC Bands.

Please complete then print out **PAGE 1** of this form and **attach all related paper receipts**. Make a copy of the form and receipts for your records.

Mail the form to:

Cindy Gilbert  
3115 Pickford Dr. SE  
Ada MI 49301

Please list below the person or company to be paid along with their mailing address:

<b>NAME:</b>	
<b>STREET:</b>	
<b>CITY:</b>	
<b>STATE:</b>	
<b>ZIP:</b>	

DATE	CATEGORY *	ITEM *	AMOUNT

**TOTAL REIMBURSEMENT REQUESTED:**

\* Please choose a Expense Category and Expense Item from the list below:

<b>Expense Category</b>	<b>Item</b>
Marching Band	Marching Uniforms Marching Hats Marching Shoes Marching Gloves Marching Plumes Band Camp (please specify) Marching Uniform Cleaning Leadership Camp Grants Visual Unit Uniforms/Supplies Visual Unit Coaches Truck/Trailer Rental Semi-Truck Maintenance Other (please specify)
Concert Band	MSBOA New Concert Uniforms Concert Uniform Cleaning Judges Clinicians Pre-HS Fitting Other (please specify)
Jazz Band	Jazz/Percussion Clinicians Other (please specify)
Band Fundraising Expenses	Please specify Fundraising Event
Performance Expenses	Bandtasia Jazz/Percussion Nights Other (please specify)
Food/Article Expenses	Bandtasia Concessions Jazz/Percussion Night Concessions MSBOA Concessions Apparel Other (please specify)
Recognition	Kickoff Fall Tailgate Senior Parents Fall MB Banquet Spring Banquet Senior Spring Flowers Spring Awards Senior Gifts Photography Other (please specify)
Administration	Booster Administration Booster Discretionary Director Discretionary Other (please specify)