

ATHOLTON HIGH SCHOOL MUSIC BOOSTERS DISBURSEMENT REQUEST

Funds will not be disbursed without this form AND a receipt! Thanks!

DATE: _____

PAY TO THE ORDER OF: _____

AMOUNT: _____

CHARGE TO ACCOUNT: _____

ITEMIZED EXPENSES: Use the box below to describe the expenses on the receipt.

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REQUESTED BY: _____
(Signature)

(Print Name & Title)

*If submitted by a Booster Parent, a Music Teacher or the Booster President must approve the request *in advance of this form being submitted* for reimbursement.

(Teacher or President Signature)

For Treasurer Use Only:

Paid by Check #: _____ Check Date: _____

Charged to Acct (Name & #) _____

(Treasurer Signature)