

DHS BAND BOOSTERS

Reimbursement Form

Your Name:

(check will be made out to this name)

Student Name:

Email:

Related Activity: (eg: Coconut Grove, Pep Band, Winter Concert etc):

Total Amount Requested for Reimbursement: \$ _____

Original Receipt Included: Yes ----- No -----

Why not?

Date Submitted: _____

(PLEASE SUBMIT NO LATER THAN 45 DAYS, for receipts after that we will not be able to reimburse but will be happy to thank you for your donation)

Date of Expense : _____

For a faster refund, please include a self addressed envelope. Otherwise please provide your address where you would like the refund to be mailed.

Address:

Phone Number:

