



# Troy High Band Boosters Reimbursement Request Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

*Reimbursement request must be submitted within 45 days of expenditure.*

*Mail completed reimbursement requests and supporting receipts for expenditures to [Troy High Band Boosters Treasurer: Tim Ha, 1067 Joshua Dr., Troy, MI 48098](#)*

<b>Expense Category</b> Awards, Band Camp, Banquet, Colorguard, Colt Celebration, Concerts, Instruments, Jazz Band, Meals, Music, Other, Production, Student Activities, Supplies, Uniforms	<b>Description of expenditure</b>	<b>Amount</b>
<b>Total for Reimbursement</b>		

*I certify that all expenses are for the Troy High Bands.*

Signature: \_\_\_\_\_