



# 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:](#)**

***Donyel Renaud, 170 Hampshire Dr., Troy, MI 48085***

<b>Expense Category</b> <small>Awards, Band Camp, Banquet,            Colorguard, Colt Celebration,            Concerts, Instruments, Jazz Band,            Meals, Music, Other, Production,            Student Activities, Supplies, Uniforms</small>	<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: \_\_\_\_\_