Carlsbad High School Bands
3557 Monroe St. Carlsbad, CA 92008
(760) 331-5765

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Band Booster Organization Reimbursement Form

When submitting a check request, please make sure receipts are itemized with only the requested reimbursement items to your best ability. If your line items exceed the limits of the form, use an additional form. Please submit the completed request with receipts to the Treasurer. Thank you for your volunteer service.

Reimbursment requests should be submitted in paper or PDF format.

I, _____, am requesting the return of funds from the Carlsbad High School Band Boosters organization for the amount below. On behalf of the CHS Band Boosters I paid in monetary funds tho the following persons(s)/business. I swear the information submitted here is true and correct.

_____ _____
Signature of Requestor Date

☐ I want to credit my refund as a donation to the band.

☐ I am requesting a reimbursement on behalf of _____

Reimbursement Information This info is used to separate expenses into correct categories

Date	Person/Business Paid	Reason	Related Event	Amount
			TOTAL	

Payee Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____