

**WESTLAND HIGH SCHOOL BAND BOOSTERS**  
EXPENSE REIMBURSEMENT REQUEST

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

Date: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

Amount of reimbursement requested (please attach receipts): \_\_\_\_\_

Approval by committee chair: \_\_\_\_\_

-Signature and what committee-(marching band, camp meals, hospitality, etc.)

Form of reimbursement: Check: \_\_\_\_\_ Apply to student account: \_\_\_\_\_  
(Please indicate preferred method of payment)

Name of student if applying to account: \_\_\_\_\_

Note: Please staple/attach receipts to this form and give to the Treasurer for reimbursement.

-----  
For bookkeeping purposes only:

Check number/date: \_\_\_\_\_

Or date applied to student account: \_\_\_\_\_