



Highlander Band



Reimbursement Request Form Highlander Band Boosters

FORM MUST BE FILLED OUT COMPLETELY!

Date of request: _____
 Person Requesting Check: _____
 Email Address: _____
 Phone: _____
 Amount: \$ _____
 (Invoice/receipt must be attached)
 Purpose: _____

Reimbursement Method (Please choose one):

- _____ Please consider this amount as a contribution to the band (HBB) and mail my donation receipt to the address below.
- _____ Please mail check directly to vendor. **I HAVE INCLUDED A SECOND COPY OF THE INVOICE/RECEIPT TO BE MAILED WITH THE CHECK.**
- _____ Please mail a check to me using the following information.

Check to be made out to: _____
Full Mailing Address: _____

 Payee Email Address: _____
 (if different from above)
 Payee Phone: (____) _____
 (if different from above)

Submitter Signature: _____

Submit via mail to:
 Jill Dalton, Treasurer
 Highlander Band Boosters
 3513 Milton Ave
 Dallas, TX 75205

Submit via email to:
hphshighlanderband@gmail.com

(All email submissions must have clearly imaged receipts included)